## **Chandlers Ford Good Neighbours Volunteer Application**

## Please supply the following information:

Mr Mrs Ms (please circle) First name			Last nam	Last name		
Address						
Postcode		Home tele	ohone			
		Mobile				
Email address						
Please tick the types of	help yo	ou can offer:				
t client's home:		Driving to hospitals:		Committee work:		
Visiting/befriending		Romsey		Co-ordinator		
Reading/writing letters		Winchester				
Dog walking		Southampton				
Driving locally to include	e:	Basingstoke				
Shopping and small errands		Andover				
Local medical appointmer	nts 🗖	Lymington				
Please indicate your like of which days would suit			you can only offe	r occasional help, an inc	dicatio	
		Morning	Afternoon	Evening Seldom ne	eded	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday Seldom needed						
Sunday Seldom needed						

Do you want regular tasks e.g. weekly?	Less frequent than week	dy? Occasio	nal/reserve list?
References: please give the name of 2 re	eferees (not relatives)		
1 Name			
Address			
Postcode	Telephone		
2 Name			
Address			
Postcode	Telephone		
Rehabilitation of Offenders Act 1974 (Ex	emption) Orders 1975 &	1986	
The provisions relating to the non-disclosur work for which you are applying. Therefore under the Rehabilitation of Offenders Act, the offence will not necessarily prevent you from	it is necessary to disclose ney would otherwise be re	any criminal co	nvictions even if,
To protect vulnerable adults, for roles such and Barring Service (DBS) disclosure will a		le in their home	s a Disclosure
Have you been convicted of any criminal of Do you have any charges pending	fence at any time?	Yes □ Yes □	No □ No □
If yes, please give details of the conviction(s group's Safeguarding representative in an e			these for the
Consent to hold personal information	1		
Please tick box In accordance with the General Data Pro Good Neighbours Group will process an volunteering that I am undertaking and to group. I consent to my personal informat manually or electronically. It will be held volunteering and will only be accessed b with any other organizations. It will be dis I have been made aware of my rights un	d hold personal information keep in touch with me we lion, including that contain securely and treated confloy authorized members in scarded safely when I am	in about me only ith information ued in this form, identially for the the group. It will	y in relation to the updates from the being stored time that I am not be shared
Signature	Date		

What level of commitment can you offer? (please circle as appropriate)

Please return this form by email to  $\underline{\mathsf{cfgnchairman@gmail.com}}$  , or post to: