**COVID-19 VOLUNTEER REGISTRATION FORM**

Please complete digitally if possible and email to: [help@haddenham-bucks-pc.gov.uk](mailto:help@haddenham-bucks-pc.gov.uk)

Use the subject: VOLUNTEER

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Mobile Number |  |
| Email |  |

**Availability**

Days Available to Help:

(please tick periods available, put a Y in the boxes if you are available if doing this digitally)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | All Day | Morning | Afternoon | Evening |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |
| All Week |  |  |  |  |

**Personal Details:**

As Covid-19 is known to adversely affect older people and those with underlying health issues the following information will be used to allocate tasks to minimise risk to you. If you are in a high risk group there are some tasks that can be done from your home but we will not allocate tasks that would involve contact with others.

What is your age?

|  |  |
| --- | --- |
| 18-69 |  |
| 70+ |  |

|  |  |  |
| --- | --- | --- |
| Are you in a high risk group as advised by the NHS? [www.nhs.uk/conditions/coronavirus-covid-19](http://www.nhs.uk/conditions/coronavirus-covid-19) | Yes | No |
| Is a member of your family in a high risk group as advised by the NHS? | Yes | No |
| Have you had or are you experiencing any symptoms that could be attributed to Covid-19? | Yes | No |

*(If you are unsure on any of these questions details can be found here:* [*https://www.gov.uk/coronavirus*](https://www.gov.uk/coronavirus)*)*

**Other information that may be helpful:**

|  |  |  |
| --- | --- | --- |
| Do you have access to a vehicle | Yes | No |
| Do you have a current or recent DBS certificate | Yes | No |
| Are you happy for us to obtain a DBS Certificate for you if you don’t already have one? | Yes | No |
| Do you have any specific training or skills that may be of use?  *By this we mean administration skills, Logistics, Care work, Technological skills Etc..*  If yes please specify |  |  |
|  |  |  |

*GDPR Disclaimer – this information is for use by the Parish Council to co-ordinate the village response to the Covid-19 Crisis and related isolation arising from measures imposed by the UK government. By completing this form, you give permission for Haddenham Parish Council to store your details and to use the data for the above purpose. This will include sharing it with other local support groups and partner agencies as necessary. This data will be collated and stored on Parish servers until such time as it is not needed and will then be deleted.*

I have read the Parish Council’s Privacy Notice and agree to the use of my personal details for the purpose specified.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_