

Walford Community Support Scheme

Volunteer Services

Full name: _____

Address: _____

Telephone number: _____

E-mail: _____

What kind of services can you offer? Please tick all that apply:

- Visiting and befriending
- Transport to appointments
- Help with shopping
- Help with paperwork
- Collecting prescriptions
- Help with pets
- Changing library books
- Practical tasks at home
- Help with the garden
- Other, please give details:

Which days/times would you prefer to offer your help? (please tick)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Do you have a pet allergy?

Yes No

If yes, what pet: _____

Anything we need to know ?

Do you mind whether it is a man or woman who you are provide assistance to?

Man Woman Don't mind

Any other comments:

Privacy Notice

Walford Community Support Scheme is committed to ensuring your privacy is protected at all times. All information you provide is kept confidential and stored securely in order to prevent any unauthorised access or disclosure. Your information will be retained for as long as you are a Scheme volunteer and when no longer required will be securely disposed of.

Please tick the box to confirm that you are happy for us to share your details with the Scheme clients and with other Scheme volunteers.

Signed: _____ Date: _____