



# Registration Form for Volunteers

Full Name: ..... DOB: .....

Address: .....

..... Post Code: .....

Telephone(s): ..... Email: .....

Current Work Status: Employed/Part-Time Employed/Self-Employed/Retired/Student/Other .....

Emergency Contact Details: Name ..... Phone .....

1. Please give an indication of the maximum number of hours you are willing to commit per month or indicate if this can be flexible:
2. Which days would you be available: M T W TH F SA SU or flexible
3. Preferred way for us to contact you (please indicate): phone/email/no preference
4. Please tick to indicate the support you would be willing to undertake below:

Support Offered	During Covid-19	Post Covid-19
Telephone Befriending		
Shopping/taking someone to shop		
Collecting parcels/prescriptions		
Dog walking		
Driving – e.g. doctors/hospital appointment		
Basic DIY jobs within home e.g. replacing lightbulbs		
Household jobs e.g. cleaning		
Hoovering/light cleaning		
Putting out bins/disposal of rubbish		
Light gardening		

5. Please give your consent for us to store this information by signing here:

Signature: ..... Date: .....

6. Please email completed forms to: [coordinator.gnrp@gmail.com](mailto:coordinator.gnrp@gmail.com) or post to the address below.