**Melton Good Neighbour Scheme - Volunteer Record**

**Name of volunteer:**

**Address:**

**Contact numbers: Landline**

 **Mobile**

**Email address:**

**Age group:** under 20 20-40 40-60 over 60 over 70 over 80

**Do you have a DBS?** Yes/No

**If so, what year?** 2018

**With the update service?** Yes/No

If you hold a DBS please attached a copy with this form, or a screenshot showing your DBS update information.

**Your availability:** please circle times available in a normal week

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday  | Thursday  | Friday  | Saturday  | Sunday  |
| AM | AM | AM | AM | AM | AM | AM |
| PM | PM | PM | Pm | PM | PM | PM |
| Eve | Eve | Eve | Eve | Eve | Eve | Eve |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Voluntary Activities**  |  |
| Collecting and delivering shopping | YES/NO |
| Telephone befriending | YES/NO |
| Collecting prescriptions | YES/NO |
| Leaflet dropping | YES/NO |

**Would you be willing to be a phone holder on the rota*?***

Yes/No/Maybe in the future

Phone holders are trained to take calls from users on a dedicated mobile phone and then contact the volunteers to find someone to take the task. The phone holder rota is divided into weekly sessions.

**Please circle/highlight the best description of your car**:

Small/compact Medium saloon Large/SUV

**Drivers Declaration**: (delete if not applicable)

I confirm that I hold a full valid UK driving license, motor insurance and that my vehicle is roadworthy.

I understand that voluntary driving to collect shopping or prescriptions should not require any extra insurance premium but I will inform my insurance company of the situation.

I undertake to inform the Committee immediately of any driving endorsements.

I wish to offer my services to Melton Good Neighbour Scheme as a driving volunteer.

I undertake to inform the Committee of any material changes in my health affecting my ability to carry out voluntary work, including driving.

**Signed:**

**Dated:**