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| Volunteer Registration Of Interest Form |
| Please print clearly in BLOCK LETTERS with a black pen. |
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| 1. **Contact details** |

Your name Full name

Address No./ Street

Town/City Postcode

Contact details Phone Mobile

Email

Emergency contact Name Phone

Preferred method of contact by Council

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| 1. **Personal information** |

Tell us about any particular experience or skills that you would bring to the group as a volunteer? If you are already performing volunteer duties please indicate the type of duties you currently do.

Experience/skills

Activities currently performing

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| 1. **Support you would need and any medical conditions** |

We want to support volunteers from all sections of the community at every stage. Use the space below to tell us about your own specific needs, if any. These could relate to physical or mental health, mobility, religion, culture or anything else you feel it's important for us to know about.

Do you have any medical condition(s) that may affect the type of work you can safely do as a volunteer? For example a back injury or heart condition that restricts manual labour capacity. If YES provide details in space below to assist the Council to complete your registration for Harlow Council to review any reasonable adjustments for you to undertake the voluntary work

Please tick the appropriate box  **√**

No Yes If Yes, details:

Do you have any additional care and support needs that we should be aware of?

Are you prescribed any medicines to which the Council would need to be aware of in relation to you carrying out volunteer tasks and duties e.g. inhaler?

Do you have any allergies? If so, do you have your medication with you?

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| 1. **Availability** |

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| --- | --- | --- | --- |
| **Time** | **Tue** | **Thu** | **Sat** |
| **Morning** |  |  |  |
| **Afternoon** |  |  |  |

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| 1. **Council commitment** |

The Council values the contribution of volunteers and will ensure that a safe work environment, necessary protective equipment and comprehensive volunteer management systems are always provided. Volunteers performing sanctioned group duties will have the coverage of the Councils public liability and limited personal accident insurance policies

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| 1. **Volunteer commitment** |

I agree to conduct myself in a manner that is safe for me, other volunteers, and Council staff. I shall accept the guidance of the Council appointed supervisor and participate in any technical or safety training that is required. I shall notify my supervisor of any change to my ability to act as a volunteer.

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Signature of Volunteer Date

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| 1. **Declaration** |

I confirm the information given in this application is correct to the best of my knowledge. I accept that if I give false information, I will not be allowed to continue volunteering for Harlow Council.

I understand that this information will be kept in accordance with data protection legislation. I confirm I have read and understood the terms that explain how my information may be used.

Signed:       Date:

Privacy note: All information that you provide on this form will only be used for the purposes of your involvement with the volunteer group that you have nominated. Information will not be used or released for any other purpose.

**Once completed please email this form to harlow.museum@harlow.gov.uk**