GOOD NEIGHBOUR SCHEME BARROW UPON SOAR	BARROW UPON SOAR GOOD NEIGHBOUR SCHEME
Volunteer Registration Form	**F001**

Part 1. Volunteer Details			
Name			
Address			
Email			
Contact Number(s)			
Important Information			
Do you have any medical issues or allergies etc., which may restrict support tasks?			
What days and times can you provide support on?			
How many total hours per week or month can you provide?			
Any preference for supporting people you may know? Or gender?			
Any previous or related experience? Any other relevant information that you wish to share?			
Signature:		**Date:**	

Part 1. Volunteer Details Continued:	
Support Tasks (Please specify which tasks you can help us with)	
Befriending * Please confirm if you are comfortable support members with dementia related issues	
Transport (Village only/All journeys)	
Household Tasks (Shopping or prescriptions / DIY / Gardening)	
Forms & IT (IT help/Letter writing/Form Filling)	
Administration (Supports the Scheme)	
Documentation to be completed prior to registration:	
F002: DBS Disclosure Consent Form completed	
F009: Volunteer Confidentiality and Data Protection Agreement Form completed	
F004: Driver Registration Form – if applicable	

Documentation which must be read before starting volunteering:	Signature:
P001: Data Protection & Privacy Policy	
P002: Volunteer Induction Manual (Including all enclosures)	
P003: Disclosure & Barring Service Policy - please read and return	
G001: Vulnerable Persons Safeguarding Guidance	
G002: Lone Worker & Personal Safety Guidance	
G006: Equality & Diversity Guidance	
G005: Befriending Guidance – if applicable	
G004: Driver Guidance and Transport Charges - if applicable	

Part 2. DBS Meetings/Documentation/Training			
Disclosure and Barring Service Checks (Record Dates Only)			
DBS Check Applied For:		Documents Check:	
Certificate Check :		ID card Issued:	