Pitstone Community Car Scheme

VOLUNTEER REGISTRATION FORM

Thank you for giving your time to volunteer with the Pitstone Community Car Scheme. In order for us to support you as a volunteer there is certain information that we need to hold on file.

Please would you complete the below and return to the co-ordinator.

Many thanks! We hope that you enjoy your time volunteering with us!

THIS FORM WILL BE TREATED AS CONFIDENTIAL INFORMATION.

Personal Details

Title: MR/MRS/MS Name:				
Address:				
Email:				
Telephone Number:	Mobile Number:			
Emergency Contact Details Please fill in the first box in with a next of kin and the second with a local contact, just in case you are taken ill or have an accident whilst volunteering.				
First Emergency contact name: Relationship to you: Emergency contact address:				
Telephone number:				
Second Emergency contact name: Relationship to you: Emergency contact address:				
Telephone number:				

Do you have specific availability?

	•			_		cheme by letting us know if you have s times when you are normally available	•
Mon	Tue	Wed	Thur	Fri	Sat	Sun	
Am	Am	Am	Am	Am	Am	Am	
Pm	Pm	Pm	Pm	Pm	Pm	Pm	
Eves	Eves	Eves	Eves	Eves	Eves	Eves	
Please	feel free	to provi	de us wit	h more	detail or	n your availability	
					• • • • • • • • • • • • • • • • • • • •		
	ind of th					with?	Tick for 'yes'
-	local clir						
	r journey				•	als.	
Could	you carry	y a whee	elchair in	your ca	r?		
Could	you assis	st a whe	elchair u	ser/ put	chair in	the car?	
Could y	ou help	us with t	he behin	d the sc	enes ad	lmin work?	
eg provide holiday cover for the co-ordinator							Y/N
Do you	have an	y specia	ıl skills oı	experie	ence to d	offer?	Y/N
Refere	nces						
	give deta rovide a			al (not a	a family	member) who has known you for at lea	ast 2 years and
First n						Surname:	
Addre Postco						Email:	
	o (day):					Liliali.	
	loes this	person l	know voi	17			
11000	1000 11110	pordorri	idiov you	4.			
How die	d vou fina	d out ah	out this v	oluntee	ring opp	ortunity?	
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