

### PITSTONE PARISH COUNCIL

Pitstone Pavilion, Marsworth Road, Pitstone, Leighton Buzzard LU7 9AP
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# **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:   |
| Contact's relationship to you:  |
|   |

| Second             | Emerge                   | ency con                | tact name                 | e:          |                         |                         |                                |     |  |
|--------------------|--------------------------|-------------------------|---------------------------|-------------|-------------------------|-------------------------|--------------------------------|-----|--|
| Relations          | ship to                  | you:                    |                           |             |                         |                         |                                |     |  |
| Emerger            | ncy con                  | tact addr               | ess:                      |             |                         |                         |                                |     |  |
| Telephoi           | ne num                   | ber:                    |                           |             |                         |                         |                                |     |  |
| Contact's          | s relatio                | onship to               | you:                      |             |                         |                         |                                |     |  |
|                    | elp us w<br>times t      | rith the sr             | mooth rur                 | nning of    |                         |                         | g us know if yo<br>mes when yo |     |  |
| AM<br>PM           | Tues<br>AM<br>PM<br>Eves | Wed<br>AM<br>PM<br>Eves | Thurs<br>AM<br>PM<br>Eves | AM<br>PM    | Sat<br>AM<br>PM<br>Eves | Sun<br>AM<br>PM<br>Eves |                                |     |  |
| What kind          | d of thi                 | ngs do y                |                           |             |                         |                         |                                |     |  |
| Lifts to lo        | cal clini                | ic/doctor'              | s appoint                 | ments.      |                         |                         |                                |     |  |
| Longer jo          | ourneys                  | e.g., trip              | s to furth                | er away     | hospitals               | ).                      |                                |     |  |
| Could yo           | u carry                  | a wheeld                | chair in yo               | our car?    |                         |                         |                                |     |  |
| Could yo           | u assist                 | t a wheel               | chair use                 | er / put cl | nair in the             | e car?                  |                                |     |  |
| Could yo cover for |                          |                         |                           | d-the-sce   | enes adm                | nin work e.g            | . provide holid                | lay |  |
| Do you ha          | ave any                  | special                 | skills or e               | xperienc    | ce to offe              | r?                      |                                |     |  |

#### References

Please give details of an individual (not a family member) who has known you for at least 2 years and could provide a reference.

| First Name:   |
|---|
| Surname:  |
| Address:  |
|   |
| Postcode:   |
| Email   |
| Tel No (day):   |
| How does this person know you?                            |
| How did you find out about this volunteering opportunity? |