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| **PERSONAL INFORMATION** |

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| **Name:** |  |
| **Address:** |  |
| **Telephone:****Mobile:** |  |
| **Email:** |  |

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| **What motivated you to volunteer?** |  |

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| **What skills and/or experience do you believe would make you a good volunteer?** |  |

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| **How you can support:**Please indicate below which service you wish to support |

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| **VOLUNTEER SUPPORT**  | **YOUR AVAILABILITY - DAY?** | **YOUR AVAILABILITY - TIME?** |
| Telephone Befriending |  |  |
| QCCA Food Bank Assistant |  |  |
| Medical Prescription pick- up / drop-off |  |  |
| Dog walking |  |  |
| Food delivery to door |  |  |

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| **Volunteer Safeguarding: Keeping you safe** |

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| Are you 70 years or over? |  |
| Do you have a long-term health condition? |  |
| Do you have a weakened immune system? |  |
| Are you pregnant? |  |
| Do you have any vulnerable dependents?  |  |
| **If you have answered YES to any of the above the coordinator will be in touch** |
| **Are you aged under 18 years? YES NO**  |
| **Parent/guardian signature:** **(email permission accepted)** |

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| **Emergency contact: Next of kin:** |

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| --- | --- |
| Name:  | Name:  |
| Address:  | Address:  |
| Telephone:  | Telephone:   |
| Email:  | Email:  |
| Relationship:  | Relationship: |

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| **Disclosure and Barring Service:** |

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| Do you have a DBS (no more than 3 years old)? | YES NO  |
| If yes, please provide DBS number |  |

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| **Proof of Identity:** Please indicate the forms of identification you can provide. This can be scanned/photographed or taken in person to the QCCA office for verification. |

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| Photographic ID e.g. passport, driving license | YES NO  |
| Proof of address (last 3months)e.g. Utility bill, Council Tax, rent account etc. | YES NO |

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| **Consent & Keeping in touch:** |

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| **QCCA is GDPR compliant**. By signing this form, you are confirming that you consent to QCCA holding and processing your personal data for the following:* I consent to QCCA contacting me by POST PHONE  EMAIL
* To keep me informed about QCCA’s news, events and activities: **(NOTE: You can unsubscribe to any communications)**
* To include my details on QCCA’s members & volunteer database
* I agree and give permission for QCCA to use my photograph and/or video footage for publications & media purposes.

**Signed……………………………………………………. Date ………………………****(sign electronically)** |

**PLEASE RETURN FORM BY EMAIL:** **Volunteer@qcca.org.uk**

**IN PERSON: Queens Crescent Community Association, 45 Ashdown Crescent, Kentish Town, London NW5 4QE TEL: 020 7267 6635**