**Coronavirus Volunteer Registration Form**

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| **Volunteer Name:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Date of Birth:** |  |

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| 1. **What locations are you happy to cover?** |  |
| 1. **What days/times are you able to help?** |  |
| 1. **What tasks would you be happy to help with?** | E.g. Telephone befriending, medication collection, shopping, dog walking |
| 1. **Are there any health issues we should be aware of that may make you at risk?** | E.g Pregnancy, COPD, Asthma, Diabetes |
| 1. **Do you drive and have access to a vehicle?** |  |
| 1. **Are you currently self-isolating?** |  |
| 1. **Please could you provide details of an emergency contact?** |  |
| 1. **Can you confirm you have a form of photographic identification?**   This will be used to confirm your identification with the client (safety purposes) and for medication collection |  |

I have read and understand the information regarding personal safety

I have read and understand the information regarding data protection

I understand that Volunteer Cornwall and St Austell Healthcare are working together for the community during this time, and consent that I may be contacted by a St Austell Healthcare employee regarding assisting a member of the community

**Please rest assured that your information will be stored securely and will not be passed on without your consent. You have the right to change your mind about any of the things you have consented to on this form. If you wish to change any of your consent, please contact us on:** [gemma.sutcliffe@nhs.net](mailto:gemma.sutcliffe@nhs.net)

**Please return completed forms to** [gemma.sutcliffe@nhs.net](mailto:gemma.sutcliffe@nhs.net)