



Volunteer Application Form

Surname: _____ First Name: _____ D.o.B. ___/___/___

Address: _____

Tel Home: _____ Tel Mob: _____

Email: _____

Means of Transport: _____

When are you available for volunteering to the Good Neighbour Scheme?

Good Days: _____

Less Good Days: _____

Skills & Preferences: Let us know of any special skills or qualifications or previous experience in volunteering.

PTO

Secretary: Liz Folley, Chinnor Community Pavilion, Station Road,
Chinnor, Oxfordshire OX39 4PU
Tel No: 01844 353267

Volunteer Driving: If you are offering lifts to hospitals etc, please complete the 'Driver Declaration Form' – please download from the Chinnor GNS website, or ask the Secretary for a copy.

Next of kin details for emergencies:

Name: _____ Tel No: _____

Address: _____

Personal Validation / References:

Please give the names and contact details of two non-family referees who have known you for 5 years or more.

1. Name: _____

Address: _____

Email: _____

2. Name: _____

Address: _____

Email: _____

Confidentiality: I agree to treat all client information as strictly confidential and to pass on any concerns about the welfare of clients or their children to an Officer of the GNS.

Data Protection: I also agree that information about me may be stored in both electronic and manual forms by the GNS, who undertake not to pass it on to any third party without my permission, subject only to any legal obligations it may have.

Signed: _____

Date: _____