West Buckland COVID 19 Support Group Volunteer Form

We are initially aiming to provide support with shopping deliveries, collection of prescriptions, dog walking and phone calls to those feeling isolated.. If there is demand and we have volunteers with the skills available we may be able to increase that range. It is important that we check that our volunteers are offering their support for the right reason and that we protect the people that we are trying to support. For that reason we are asking for a reference and details where people have had current DBS checks. If you have not had a DBS check please do not let that put you off volunteering.

Please complete and return this form to [westbucklandclerk@gmail.com](mailto:westbucklandclerk@gmail.com) using Volunteer and your name as the subject line. Thank you for your interest in offering support.

Name:

Address:

Contact number and email:

Emergency contact:

Are you currently DBS checked and, if so, to what level?

* Please ensure your DBS details are attached if current (please provide a screen shot/scan/photocopy)

Do you have any of the following conditions?

Hypertension / High blood pressure

Diabetes

Asthma

COPD

Heart problems

Are you a current front line or health care worker?

Character Reference

Name:

Relationship:

Contact Details:

Please provide details on the type of skills or help you are willing/able to provide, as this is invaluable to our database:

*(e.g. qualified childcare, experience working with people with learning disabilities or dementia, mental health or counselling, first aid or clinical/health background, access to transport, access to van, cooking, animal care expertise etc)*

Are you open to providing phone support/check-in if asked?

Do you have any other relevant qualifications we should be aware of (e.g. NVQ in childcare etc) ?

Hours available (generally):