

COVID 19 RESPONSE VOLUNTEER DETAILS

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|---|---|
| NAME | |
| ADDRESS | |
| TEL NOS | |
| EMAIL | |
| Contact details of someone for you. | Name: Tel. No(s) |
| Are you above 70 or do you have medical conditions that may require self-isolation or social distancing'? | |
| Would you be willing to drive and own a car? | |
| What would you like to volunteer to do? | |
| Have you any specific skills and/or hold a food hygiene certificate? | |
| What days/hours are you prepared to do? | |
| Are you DBS checked and if so, through which organisation? | |
| PLEASE STATE | 'The information provided above will be destroyed following the COVID-19 crisis' |
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