If you are **providing a** **service and need support from volunteers**, please complete this form and email to info@vansmail.org.uk

If you have any questions, please contact VANS on 01934 416486

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| --- |
| **Organisation Details** |
| Organisation Name |  |
| Registered Charity no (if applicable) |  |
| **Address** |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town |  |
| County |  | Postcode |  |
| Website |  |
| **Contact Details** |
| Forename |  |
| Surname |  |
| Position / Role |  |
| Email |  |
| Mobile Phone: |  |
| Other Phone: |  |
| **What are the main things you would like the volunteer(s) to do?** **(key words or bullet points please)** |
|  |
| **How many volunteers are you looking for?** |  |
| **Do the volunteer(s) need to have a current DBS certificate?** | **Yes** |  | **No** |  |
| **What experience should the volunteer(s) have? (key words or bullet points please)** |
|  |
| **Where will the volunteer(s) will be needed?** | Please select from dropdown box. |
| **Additional locations:** | Please select  | Please select  | Please select  | Please select  |
| **Please provide any further details around location (if necessary):** |
|  |
| **When will the volunteer(s) be needed?** |
| **Day (s)** | Please select | **Times** | Please select |
| **Other – please specify** |  |
| **Do the volunteer(s) need their own vehicle(s)?** | **Yes** |  | **No** |  |
| **If so, will the volunteer(s) be able to claim mileage expenses?** | **Yes** |  | **No** |  |
| **The information we hold will be stored specifically for the volunteer response to COVID-19, in line with the Voluntary Action North Somerset** [**Privacy Policy**](https://072b81be-5d8b-488d-8a05-8279f3d84e62.filesusr.com/ugd/471a18_dc12647b4f5d47569ca2483cf8692b02.pdf)**. Please confirm that you have read the policy and agree to its terms.** |  |
| **Print Name:** |  |  |
| **Signature:** |  | **Date:** |  |