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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | |  | | | | | | | |