

Date of joining	Entered on database	References requested
Project name		References received
Membership card / letter sent	Police check received	Driving licence no.

# Please complete in CAPITAL LETTERS

# STRICTLY CONFIDENTIAL

<b>Personal</b>	<b>Details</b>

Surname				Title	Mr / Mrs / Miss / Ms
Forename(s)					Other
Known as				Male or female	
Address					
Parish				Postcode	
Email address				Tel. no.	
Mobile no.			Date of birth		
Driving licence holder	Yes / No	Category of licence		Use of own car	Yes / No
Please provide us	with a copy of your dr	iving licence if you are di	riving for GVS		
Have you any uns speeding?	pent motoring convict	ions, including	Yes / No	If Yes, please provide details	
If you are convicted	ted of any motoring offences in the future, you must inform GVS immediately (pl			ase see declaration overle	af)

### **Emergency Contact Details**

-incigency e	ontact Details		
Name			
Relationship			
Tel no.		Mobile no.	

# Which volunteering project/s are you interested in? Circle days available.

Meals on Wheels Yes / No	Day Centre Driving Yes / No	Day Centre Kitchen am/pm Yes / No	Bathing Service am/pm Yes/No	Blood Donor Calling Yes/No
Mon Tue Wed Thurs Fri Sat	Mon Tue Wed Thurs Fri	Mon Tue Wed Thurs Fri	Tue Wed Thurs Fri	Mon Wed Fri

# Would you be happy to be called upon as a reserve if you are available for the following:

Meals on Wheels	Yes / No	Day Centre Driving	Yes / No	Day Centre Kitchen / Teas	Yes / No	

#### Health

A disability or health problem does not necessarily exclude you from volunteering with GVS. In order to ascertain your suitability for a particular project, GVS requires information about your health.

Are you registered disabled or suffer from any disability that you feel GVS should be aware of?	Yes / No
If yes, please give details:	

It is important that you inform GVS if you should suffer from any illness in the future that may affect your ability to volunteer for the Organisation or that would put others at risk.

#### Police checks

We will require a current Guernsey Police Basic Disclosure Check. You will need to apply in person at Guernsey Border Agency with photographic ID. There will be a £20 fee payable to the States of Guernsey. If you are volunteering for the bathing service or transporting our social club clients we will require an Enhanced Police Check, which is completed in the office and is free. Please note that a criminal conviction may not prevent you from volunteering for GVS

#### References

I wish to become a member of GVS and agree to two written references being taken up. Please provide two referees. They should not be related to you and you should have known them reasonably well for at least two years. They should be over 18 years of age.

Name				
Address				
	Postcode			
Tel no.	Email address			
Relationship	Relationship			
Name				
Address				
	Postcode			
Tel no.	Email address			
Relationship				

Guernsey Voluntary Service reserves the right to decline any application for membership.

## **Personal Declaration**

I confirm that the information supplied is accurate.

I am willing to abide by the rules and uphold the spirit of GVS.

I agree to maintain confidentiality at all times.

I agree to inform GVS of any motoring convictions which I am convicted of in the future.

**Data Protection** We only collect personal info about you where it is completely necessary or you have consented by signing this form and we ensure that we only collect information that we need. You can find our Privacy Policy on our website www.gvs.org.gg

Signature	Date
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Please attach two passport size photographs – one to be used for your identity card. Please do not use glue / staples. Please attached a copy of your driving licence if you wish to drive for GVS.

Please return form to Jubilee Day Centre, Grandes Maisons Road, St Sampson's, GY2 4JH.

Verified	ργ GVS Manager	Date
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