



|                               |  |                                |  |  |  |
|-------------------------------|--|--------------------------------|--|--|--|
| Date of joining               |  | Entered on database            |  | References requested                         |  |
| Project name                  |  |                                |  | References received                          |  |
| Membership card / letter sent |  | Police check received          |  | Driving licence no.                          |  |
| Email added to GVS Database   |  | Health & Safety Documents Sent |  | Healthy & Safety Documents Confirmed as Read |  |

Please complete in CAPITAL LETTERS

**STRICTLY CONFIDENTIAL**

### Personal Details

|  |          |                     |  |                                |                      |
|--|----------|---------------------|--|--------------------------------|----------------------|
| 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             |
| <i>Please provide us with a copy of your driving licence if you are driving for GVS</i>  |          |                     |  |                                |                      |
| Have you any unspent motoring convictions, including speeding?   |          | Yes / No            |  | If Yes, please provide details |                      |
| If you are convicted of any motoring offences in the future, you must inform GVS immediately (please see declaration overleaf) |          |                     |  |                                |                      |

### Emergency Contact Details

|              |  |  |            |  |  |
|--------------|--|--|------------|--|--|
| Name         |  |  |            |  |  |
| Relationship |  |  |            |  |  |
| Tel no.      |  |  | Mobile no. |  |  |

**Which volunteering project/s are you interested in? Circle all 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 |  |               |  |

|              |  |               |  |
|--------------|--|---------------|--|
| 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](http://www.gvs.org.gg)

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

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

**Please return form to Jubilee House, Grandes Maisons Road, St Sampson, GY2 4JH.**

|                         |      |
|-------------------------|------|
| Verified by GVS Manager | Date |
|-------------------------|------|