



## VOLUNTEER INFORMATION

NAME OF VOLUNTEER	
ADDRESS	
TELEPHONE NO	
MOBILE NUMBER	
EMAIL	

### TYPE OF VOLUNTARY WORK

tick or type yes

Driving to hospital/clinic/doctors*	
Could you wait for a return journey?	
Could you assist a wheelchair user/put wheelchair in your car?	
Shopping/errands/collecting prescriptions/pensions	
Help with (non legal )form filling	
Gardening/domestic work in an emergency	
Internet/IT advice	
Befriending	
Assistance with pets	
Administration of the Good Neighbour Scheme	
Holding the Mobile phone for a week on a rota basis	

\*If you are prepared to drive please fill in these additional details which are required by our insurers

Make and model of car		
Registration no		
Name of Insurer		