

Volunteer Application Form

Thank you for your offer to help with the Brightlingsea Town Council COVID19 Community Support Plan. Please note that by completing this form you give Brightlingsea Town Council permission to hold your personal data and pass it on to volunteer co-ordinators for the purpose of supporting vulnerable residents during the COVID19 pandemic.

In order for us to process your application please would you answer the following questions: (If you have any questions about your application or would like help completing it please contact Brightlingsea Town Council)

Your Name: _____ Age: _____

Address: _____

Postcode: _____ Tel No: _____

Email address: _____ Date of Birth: _____

Next of Kin:

Name: _____ Tel No: _____

Relationship: _____

Contact in case of emergency (if different from above):

Name: _____

Tel No: _____ Relationship: _____

I would be interested in helping in the following area(s):

Shopping help Prescription collection Dog walking Phone call checks on residents

Other (please state)

I am likely to be available:

Morning Afternoon Evening

Full Day(s) _____

Full Time (Monday-Sat)

My best day(s) for volunteering is (are) _____

I hold an up to date enhanced DBS check I do NOT hold an enhanced DBS check

References (please note that neither referee should be a close family relation)

Referee 1

Name: _____

Address: _____

Tel No: _____ Email: _____

Referee 2

Name: _____

Address: _____

Tel No: _____ Email: _____