



Solva Care Pilot Project

Date:

Volunteer Form

Full name:

Phone no/s:

Address:

Email address:

Do you drive? Yes___ No ___ Have access to a car? Yes ___ No ___ Prefer not to drive? ___

Do you speak Welsh? Yes, fluently ___ Yes, a little ___ No ___

How often would you like to volunteer? Occasionally when needed ___ On a regular basis ___

Once / twice a week ___ Once / twice a month ___ For a half / full day ___ ___ hours/week

Other (describe):

Neighbourhood / area / street you could cover:

What services would you like to provide? (please tick)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Small domestic chores | <input type="checkbox"/> Pop in visits | <input type="checkbox"/> Phone calls |
| <input type="checkbox"/> Picking up prescriptions | <input type="checkbox"/> Transport | <input type="checkbox"/> Conversation |
| <input type="checkbox"/> Help with correspondence & forms | <input type="checkbox"/> Walks | <input type="checkbox"/> Trips out |
| <input type="checkbox"/> Minor repairs & maintenance | <input type="checkbox"/> Dog walking | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Small garden chores | <input type="checkbox"/> Help with electrical devices& Internet | |
| <input type="checkbox"/> Other: | | |

Any other suggestions / comments:

How would you like your name written on the ID card (e.g. Mr/s + surname, Christian name only or both)?

Would you complete a time sheet on line? Yes ___ No ___

Or would you like to do it on paper? Yes ___

Short description of yourself (background / interests / hobbies):

How long have you lived in Solva?

Do you have any medical condition we should be aware of (please give details)?

Are you allergic to, or do you mind, pets?

Have you done volunteering or worked in care before? (Please give details):

Please state any training you have done already (such as First Aid, Food & Hygiene etc.)?

Any other relevant special skills / experience?

Would you be interested in further training? Anything in particular?

(For office use)

DBS check completed: Date _____ Reg. No _____

Car Insurer notified: Date _____

Induction Training Received: Date _____

Further training

Description:	Provider:	Date:
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Description:	Provider:	Date:
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Description:	Provider:	Date:
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