

RBKARES

VOLUNTEER REGISTRATION FORM

Thank you so much for volunteering to help. Please fill in this form for volunteer opportunities with RBKares projects. We will hold all data in line with our data protection policy.   
  
Please note as part of our safe guarding policy you will be asked to supply a personal reference prior to entering a project work rota.   
  
You will be contacted regarding the above reference and to discuss options and also to agree on a rota opportunity for your commitment.

\* Required fields

Full name \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 18+ years of age? \*Delete as appropriate

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

Contact telephone number\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From where/whom did you hear about us? \*

Family or a friend

Sewing 4 Kingston

Kingston Council website

Volunteering Kingston

School

Other (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Do you agree to being added to a WhatsApp group to facilitate a rota for your specific volunteering? \*

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

If I am ill in ANY capacity (not just with Coronavirus symptoms) I agree to NOT come in. I will let my team leader know. \*

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

If anyone in my household is ill, with Coronavirus symptoms (referring to current government guidelines), I agree to NOT come in. I will let my team leader know. \*

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

I will wash my hands on entrance to the building and inbetween activities, I will maintain social distance of 2m and wear a face mask/covering when not eating or drinking. \*

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

I agree that I remain fully responsible for ensuring that the insurance on my vehicle covers my driving the vehicle for RBKares charitable purposes. I am also personally responsible for all parking penalties incurred whilst using my vehicle on RBKares business.

RBKares will not accept any liability or responsibility for any insurance, parking penalty, driving offences or other liability whatsoever incurred through the use of the private vehicle for RBKares business. \*

I agree

I do not agree and therefore won't use my car for RBKares business.

Any other details you wish to communicate around your availability?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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We are aware that things are subject to change.

For what period do you anticipate being able to volunteer for (excluding unanticipated changes)? \*

2-3 months from now

4-6 months from now

Currently unlimited

Please give the name and email address of a referee that we can contact for you. This cannot be a family member or partner. \*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to gain from volunteering for RBKares?