**Personal details for a volunteer for Oxshott Care**

Your personal details will be held securely by Oxshott Care and used solely in accordance with the charity’s privacy statement. As well as providing an initial record, please would you advise any changes by using this form again.

Email the completed form to the charity’s secretary, Shona Macduff-Duncan, who will arrange a visit to answer any questions you may have and to give you your Oxshott Care id card. Her email address is s\_macduffduncan@hotmail.com.

|  |  |  |
| --- | --- | --- |
| Title | First name | Second name |

|  |  |
| --- | --- |
| Preferred phone no. | Secondary phone no. |

|  |  |
| --- | --- |
| Email address | Date of birth |

Address

|  |  |
| --- | --- |
| Line 1 |  |
| Line 2 |  |
| Line 3 |  |
| Postcode |  |

Car registration number(s) (Some hospitals have number plate recognition)

|  |  |
| --- | --- |
| First car | Second car |

|  |  |  |
| --- | --- | --- |
| Is there space in car for: | two clients? Yes No | client’s wheelchair? Yes No  |

Are you prepared to lift a client’s wheelchair in and out of your car? Yes No

Are you registered with the disclosure and barring service (DBS)? Yes No

Please note any restrictions on your availability; eg days of the week, times of day, hospitals you are not prepared to drive to. Also any interests or skills you could help clients with.

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