



# Glasgow's Golden Generation

*Care in the autumn years*



## Volunteer Registration Form

First Name:	Surname:
Home Address:	
Telephone No:	
Email Address:	
Emergency Contact Name:	
Emergency Contact Number:	

We have a range of volunteer opportunities available please tick the opportunities that interest you.

- |                |                          |                          |                        |
|----------------|--------------------------|--------------------------|------------------------|
| Befriending    | <input type="checkbox"/> | <input type="checkbox"/> | Administration Support |
| Shop Assistant | <input type="checkbox"/> | <input type="checkbox"/> | Window Dresser         |
| Driver         | <input type="checkbox"/> | <input type="checkbox"/> | Support Escort         |
| Support Worker | <input type="checkbox"/> | <input type="checkbox"/> | Social Media/IT        |
| Clubs          | <input type="checkbox"/> | <input type="checkbox"/> | Fundraising            |

If there is any other volunteering opportunity you may be interested in please let us know:-

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Do you have any support needs? Please specify

Previous experience (Paid or Unpaid):



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Any other information relevant to the post:

Do you have a driving License?      YES                  NO

Can you please provide us with an indication of the days and hours you are available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have a PVG?

If you have answered yes please provide PVG Number: \_\_\_\_\_

How did you hear about our organisation?



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## References

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative. If you are unable to provide a reference you may be asked to provide ID for verification purposes.

Name			
Relationship to referee		Position	
Address			
Telephone no:			
Email Address:			

Name			
Relationship to referee		Position	
Address			
Telephone no:			
Email Address:			

## Agreement

Please sign to confirm that the details contained in this form are correct to the best of your knowledge.



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I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DETAILS I HAVE GIVEN YOU ARE CORRECT. I CONSENT TO THIS INFORMATION BEING HELD ON FILE UNDER THE TERMS OF THE GDPR Regulations May 2018. The GGG Privacy Statement is available on request.

Signed by Volunteer :

Date:



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