

Working Group of the

NITON AND WHITWELL PARISH COUNCIL

**Volunteer form**

**And General Data Protection Regulations (Service) Consent**

**to hold Contact Information**

**You cannot be a volunteer if you or anyone in your household is showing any symptoms of Covid19 or is currently in isolation.**

If you, or anyone in your household, are in one of the risk groups (defined as the NHS advising you to have a flu jab) you can be a volunteer but we will restrict your role to non-contact, for example, you could telephone isolated people to check they are coping or be a friend by telephone or an organiser.

**Are you or anyone in your household**

**in one of the risk groups?**

|  |
| --- |
| **Name:** |
| **Date of birth if age less than 18** |
| **Parental/Guardian Consent** **for any data processing activity ……………………………………………****if volunteer age is less than 18** |
| **Address:** |
| **Contact telephone number/s:** |
| **Email:** |
| **Are there any volunteer roles that you would prefer to do?** **For example:****Delivering leaflets/prescriptions****Shopping for isolated people****Being a telephone friend****Driving non-infected people to GP visits****Helping with welfare applications****Other** |
| **Are there any volunteer roles that you would prefer to avoid?** |
| **What is your availability? Times/Days?** |
| **Do you have a current DBS check?** |
| * I have no convictions that would preclude me from volunteering in the community.
* I consent to being tested for coronavirus (if available).
* I agree that I have read and understand Niton and Whitwell Parish Council’s Privacy Notice. I agree by signing below that the CRAB Niton working group and Niton and Whitwell Parish Council may process my personal information for providing information and corresponding with me.
* I agree that Niton and Whitwell Parish Council can keep my contact information data for an undisclosed time or until I request its removal.
* I have the right to request modification on the information that you keep on record.
* I have the right to withdraw my consent and request that my details are removed from your database.
 |
| **Signed:** **Print:****Date:** |
| **Office use:** |

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