

Coronavirus Volunteering Consent Form



If you would like to be involved with the limited volunteer activities going ahead from November 2020 please complete the form below. Your responses will influence the safeguards we put in place to keep you safe so please answer fully.

You are not to attend any volunteering session if you, anyone in your household, or anyone else you have been in contact with, has any coronavirus symptoms (<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>)

Task/Group:	
Full name:	
Email/phone:	
Emergency Contact No:	
Date of birth:	
I confirm I have read the government guidance. https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/ I am in the following risk category: High risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Low risk <input type="checkbox"/> Others in my household are in the following risk category (please select the highest risk category applicable) High risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Low risk <input type="checkbox"/>	
Are you a vulnerable adult / adult at risk? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I confirm I shall work in line with the Health and Safety briefing and instructions given by the Task leader Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please note that submission of this form does not in itself provide authority to attend a volunteering task/activity. We are operating a pre-booking system and you will be notified by email if you have been allocated a place on a task that you have applied for.

The information on this form will remain valid for each month, with a new form to be submitted every calendar month.

The information on the form will be held in accordance with the Data Protection Act and GDPR. This information will not be shared with third parties aside from the Government track and trace programme should it be required for that purpose.

We reserve the right to cancel volunteering activities based on government guidelines.

Please sign and date below (on a monthly basis) if you wish to continue volunteering, providing that your situation remains the same and you do not need to change your responses to any of the questions on the previous page.

If your responses have changed, please complete a new form.

I have read the form and do not wish to change my responses <i>(please check the box)</i>	Signature <i>(electronic signature is fine)</i>	Date
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