



Outings Assistant Registration Form

Dealing with vulnerable people we are required to carry out certain checks on our volunteers. Please answer the following as fully as possible and return the form to Contact88 Tozer Way, Chichester, West Sussex, PO19 7LG Tel: 01243 531988

PERSONAL DETAILS

Full Name:..... Tel No:.....

Mobile No..... Email.....

Address:.....

.....

Post Code:..... Date of Birth.....

DISCLOSURE: Contact88 reserves the right to carry out a CRB check on its volunteers. Are there any matters that might affect your suitability to work with Vulnerable adults? YES / NO. If YES please provide details:

GENERAL HEALTH:

Please give details of any health issue which may affect or restrict your ability to assist our elderly or disabled passengers.....

AVAILABILITY

Times normally available Morning [], Afternoon [], Evenings [], (Please tick)

DECLARATION

The following person is prepared to act as Referee and is willing to be contacted by Contact88:

Name: Contact Number:

I declare that the details given are correct to the best of my knowledge.

Signature Date

FOR OFFICE USE ONLY

Introduction and briefing by: Date:

Accompanied Outing with:Date:

Referee checked by:Date: