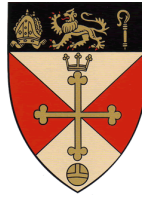


# Malmesbury Town Council

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(ENGLAND'S OLDEST BOROUGH - CHARTER GRANTED 880)



Telephone: (01666) 822143  
Facsimile: (01666) 826166  
E-mail: [richard.spencer-williams@malmesbury.gov.uk](mailto:richard.spencer-williams@malmesbury.gov.uk)

THE TOWN HALL  
MALMESBURY  
WILTSHIRE  
SN16 9BZ

Richard Spencer-Williams  
Town Clerk

30th March 2020

Dear Volunteer

Thank you for contacting the Malmesbury Town Council/ HEALS Partnership to offer to join as a volunteer with us in supporting our local community during the COVID-19 situation.

Our number one aim is to keep you and anyone you may be helping safe. Please fill in our Registration Form to give us the information we need to get you started as a Registered Volunteer.

We are asking you to give us information about referees we can contact so we can do our best to provide safety and confidence to those who are requesting help.

If you become a Registered Volunteer with us you will be given a unique number. This number will be shared with those who you are supporting so they know and can check you are a part of the Malmesbury Town Council/ Heals Partnership.

Please return the form to [tic@malmesbury.gov.uk](mailto:tic@malmesbury.gov.uk).

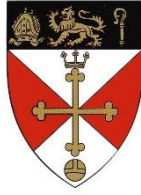
After you have sent us your Registration Form we will get back in touch with you as soon as we can. This will include giving you more information about how we will ask you to volunteer and how we see this working. This may include asking you to join a conference call.

The support we are trying to give to the community is new for all of us. We will be learning together. Thank you for be willing to be part of it.

Yours faithfully

Richard Spencer-Williams - Town Clerk  
Paul Buckley – Manager HEALS

Encs: Application Form/GDPR Statement



Office Use ID no:
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### Malmesbury Town COVID 19 Volunteer Registration Form

Full Name:			
Address:			
Contact Number:			
Email Address:			
Do you hold a valid DBS check? If yes, for which organisation.		YES/NO	
Your particular skills, experience and qualifications?			
What Volunteering are you willing to offer? Can you also say which other Community Groups you have volunteered for (so we don't duplicate efforts)?			
Referee 1:		Referee 2:	
Name:		Name:	
Address:		Address:	
Contact Number:		Contact Number:	
Email Address:		Email Address:	
Relationship to you:		Relationship to you:	
Do you have a car you are willing to use when volunteering? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you have a computer with email and internet connection you are willing to use when volunteering? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you been barred by the DBS (Disclosure and Barring Service)? Yes <input type="checkbox"/> No. <input type="checkbox"/>			

COVID 19:

I confirm I will follow all guidelines concerning self-isolation including self-isolation as a precautionary measure.

I am not aware I have been in contact with anyone who has or has had the COVID 19 virus and/or I am not currently in self-isolation as a precautionary measure.

I **HAVE/ HAVE NOT** been advised to stay indoors and self-isolate. (Please delete as appropriate).

I will inform you immediately if my situation changes.

Disclaimer: I understand that my participation in any volunteering related activities arranged via Malmesbury Town Council, in support of residents affected by Covid 19 and associated matters, are carried out entirely at my own risk, and that these activities are not insured by Malmesbury Town Council, HEALS, or any other third party partner.

Signed:

Date:

**Your data will be held and only used in accordance with the following:**

**Malmesbury Town Council and HEALS Partnership GDPR and Privacy – Data Sharing Permission Statement – Volunteers**

**Malmesbury Town Council (MTC) and HEALS will share the details disclosed to us by you for the purpose of providing COVID 19 response support.** This may include your telephone number, email address, home address, and matter relating to your well-being.

**Your Personal contact details** will be shared between MTC and HEALS staff and volunteers and other agencies, such as doctors, health services and government departments and other relevant community groups on a need to know basis on matters related to you providing COVID 19 support as requested and agreed by you.

**All the information** you give us will be stored as securely as possible and will not be used for any other purposes than for the purpose of providing COVID 19 response support and for our associated record keeping. It will be deleted as soon as possible.