



Office Use  
ID no:

## Malmesbury Town Council Volunteer Registration Form

Volunteer Role:			
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?			
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"/>			
(Please note your own car insurance will need to cover this use)			
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"/>			
Signed:		Date:	

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

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

**Malmesbury Town Council (MTC) will share the details disclosed to us by you for the purpose of providing volunteer 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 , 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 volunteer 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 volunteer response support and for our associated record keeping. It will be deleted as soon as possible.