



For Office Use Only:

Date .....	TB No:.....
Refs sent.....	Refs Received.....
I.D.....	
DBS sent.....	DBS confirmed.....



## Personal Details

<b>Title:</b>	<b>Name:</b>	<b>Male or Female:</b>
<b>D.O.B:</b>	<b>Home No:</b>	<b>Mobile No:</b>
<b>Email:</b>		<b>Internet User? Yes / No</b>
<b>Address:</b>		
<b>Living:</b> Alone / with family / with spouse / Other		
<b>Any other details you feel are relevant:</b>		

## Mobility and Transport

<b>Please give details of any disabilities or mobility problems:</b> <i>(This is to give us an indication of assignments that would or would not be suitable for you)</i>	
<b>Mobility Aids Used:</b> None / Wheelchair / Walking Frame / Walking Stick / Crutches / Mobility Scooter / Other	
<b>What are your main methods of Transport?</b> Public Transport / Car / Bicycle / Mobility Vehicle / Other	
<b>Do you hold a UK Driving License?</b> Yes / No	<b>Do you own your own car?</b> Yes / No

## Emergency contact

<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	
<b>Doctor's Name / Telephone:</b>	

## Availability

Which days & times are you likely to be available to offer help within the Timebank? (Please tick)

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
AM							
PM							
Evening							

## Volunteering Past and Present

Have you previously been or are you currently a volunteer? Yes / No Current / Past

Which organisation(s)?

## Criminal Convictions

If you have a police record, you can still volunteer, however the nature of volunteering is such that you are exempt from the Rehabilitation of Offenders Act 1974. In some cases, a police check may be required because of access to vulnerable people.

Do you have any criminal convictions/offences? Yes / No

Are you willing to have a Disclosure and Barring Services (DBS) Check if necessary? Yes / No

## References

We want to ensure that as a Timebank member you and your family are safe, so for everyone involved in the scheme we take up references. **References should not be from a spouse/partner or an immediate member of your family.**

Reference 1	Reference 2
Name:	Name:
Telephone:	Telephone:
Email:	Email:

## Other information

How did you find out about the St Ives & Fenstanton Timebank?

Why do you want to join?

What kind of things can you offer to or need help with?

## Timebank Standard of Care

As a participant of the St Ives & Fenstanton Timebank I agree to:

**St Ives & Fenstanton Timebank members must:**

1. Respect another member's privacy or confidentiality.
2. Respect other members' viewpoints, and to not pressure another participant to accept their religious beliefs or political views.
3. Not involve friends or relatives in Timebank activities by bringing them to a member's home or venue at the time of exchange, unless agreed with the Timebank as being part of a group activity.
4. Not ask for or accept money, gifts or tips from other members.
5. Not eat or drink a member's food and drink, unless invited to do so.
6. Respect a no smoking policy in a member's home or venue of time exchange.
7. Not use any possessions of the member, including the telephone, unless given clear permission to.
8. Always treat other participants respectfully.
9. Not exchange hours unless the Timebank coordinator is aware.

**I agree to abide by the above Standard of Care, and confirm that the information given on this form is correct to the best of my knowledge**

<b>Signature:</b>  <b>Print Name:</b>	<b>Date:</b>
<b>Signature of Parent/Guardian if under 18</b>  <b>Print Name:</b>	<b>Date:</b>

***PRIVACY STATEMENT:** Your information is stored in accordance with the Data Protection Act. It will only be used by St Ives & Fenstanton Timebank/St Ives Town Council/Fenstanton Parish Council to process your details and application for membership or for purposes of monitoring and evaluation of our activities and services. Your information is private and will not be used for any other purposes.*



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