

I would like to become a member of Somerset You can Do.

I am aware that my personal information will be held and used in accordance with the Data Protection Act 1998, and that my information will be used to contact me as part of my membership of Somerset You can Do and will not be used for any other purpose or shared with any other organisation other than Somerset County Council, Somerset Partnership NHS Trust, Somerset NHS and Careers South West who manage the next-step volunteer services and bureau.

Signed by the applicant	
Date:	

The best time to contact you during the day:	
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Thank you for completing this form, please return it to:

Somerset You can Do Services
 The Former Offices of Notaro Ltd
 Huntworth,
 Bridgwater
 Somerset
 TA7 0AJ

Please call us on 01278 664180 if you would like more information or help with completing this form.



Somerset You can Do Self-Referral Form

Volunteer interventions are short to medium term and usually last no longer than 6 months.

Contact Details:			
Name			
Address			
Post Code			
Telephone No			
Mobile No			
Email Address			
Date of Birth			
Gender	Male	Female	<i>please tick</i>

Pick and Mix activities of your choice:	<i>please tick</i>
I would like to be part of a group or friendship circle, being with people with a shared interest etc.	
I would like a volunteer for a short time to help me get out and about and become more independent in accessing local community services and activities.	
I would like support to volunteer in all sorts of volunteering organisations	
I would like a volunteer phone, text or email friend	
I would like help to get started on the internet, or online shopping, email and other computer things	

If appropriate Carer/Care Provider Details:	
Name:	
Address:	
Post Code:	
Telephone:	
Email:	
Relationship to you	

What would you like help with?

Please provide relevant information that will aid the Volunteer and us to support you.		
Do you have?		
Learning Disabilities	Y/N	
Mental ill health	Y/N	
Physical Disabilities	Y/N	
Sensory Loss	Y/N	
Please list any medical conditions that the volunteer should be aware of		
Medication you need to carry with you		
Communication support needs if any, eg sign language, hearing aid etc		
Support you need with your mobility, eg walking frame/stick etc		
Anything else that you think would be helpful for us to know:		