

Downley Covid-19 Action Group - Volunteer Registration

Please supply any useful information

Name	My Street Name	Signature
Preferred means of contact (Eg. Email or Mobile Nr.)		
Street(s) where you can help	Street name Street name	
Any restrictions	Day time Night time Anytime Other.....	
What are you happy to do	Collect prescriptions Do some shopping Post letters Dog walking Other	check on a house if asked (e.g. lights, curtains)
Any additional skills or qualifications you think might be useful. Eg. languages, DBS clearance, car / drivers licence, medical,	

May we have permission to call you directly or pass your contact details to

Other nearby volunteers?

All the street reps in Downley

The Downley Pharmacy

Name of your Street Representative

A copy of this form should be emailed to info@downley.org or given to your Street Representative.

Please contact your street representative or let us know at info@downley.org, if you become unable to help, or wish to discontinue.

The Downley Covid-19 Action Group will delete your record entry at any time you ask.