Cockermouth Emergency Response Group

# C.E.R.G

## Volunteer Registration Form

(Also available online on our website)

Please return completed form to:

- Cockermouth Library
- The Hub, 2 Market St, Cockermouth, CA13 9NJ
- By email to: admin@cerg.org.uk

### VOLUNTEER INFORMATION

First Name: _____ Last Name: _____

House Number & Street: _____

Town: _____ Postcode: _____

Email*: _____

Mobile Phone*: _____ Home Phone: _____

Emergency Contact Name: _____

Relation: _____ Phone: _____

*Compulsory details, please list at least one phone number

### OFFER OF HELP - PLEASE TICK WHAT YOU CAN OFFER

- ◯ First Aid Trained (Expiry date of Qualification): _____
- ◯ Trained in Manual Handling?
- ◯ Supervisory skills?
- ◯ Worked with vulnerable/young people
- ◯ Experience driving minibus/large vehicle? (Please state...) _____
- ◯ Other: (Please give details, e.g. foreign languages spoken)
- ◯ Interest in non-emergency volunteering, such as fundraising, practice exercises, outreach, etc?

_____

CERG is committed to managing its volunteers efficiently and effectively. As a volunteer it is important that you are a valued member of a team, and that you have registered your details with CERG. You will need to confirm that you are fit and able to carry out the duties assigned to you. If you do sustain injury or feel unwell whilst carrying out your duties, you should report this to your Zone Leader immediately and they will take any appropriate action.

I understand that this information will be kept by Cockermouth Emergency Response Group (CERG) solely for its own purposes, but may be passed to the Emergency Services during an emergency event. It will be securely held and deleted when no longer required. It can also be destroyed at any time upon request. Please visit www.cerg.org.uk for our privacy statement.

Print Name _____ Signiture _____ Date _____