Community Ambassador Volunteer Bank

Register your interest

Community Ambassadors are volunteers who play a key role in helping health and social care services evaluate existing projects and develop new ones. Community Ambassadors also receive local information about existing services and support. This helps them to point people to the right kind of community support which best suits their needs. The Volunteer Bank is overseen by the Spark’s Community Ambassador Programme Coordinator who works with the South Somerset Symphony Project. We would love to tell you more about this opportunity so if you are interested please complete the form below and the Coordinator will be in touch.

Your data will be held securely and in accordance with the Data Protection Act 1998.

|  |  |
| --- | --- |
| Your Details: | |
| Name |  |
| Telephone Number |  |
| Mobile Number |  |
| Email Address |  |
| Best time to contact/preferred method |  |
| Postal Address (or work address if you are representing an organisation) |  |
| Your skills and areas of interest: | |

This is not a traditional volunteering role and we want it to suit your life style.

Our Community Ambassadors may be asked to carry out their role in many ways and it’s up to you what you choose:

* Volunteering regularly by attending meetings, events or through collecting feedback.
* Working with your GP practice and Patient Participation Group, or local hospital.
* Directing people to appropriate services, support and advice to help them improve their quality of life.
* Only becoming involved when a project arises that matches your skills, experiences and interests.
* Becoming a critical friend, occasionally reviewing documents from home and making comment.
* Becoming a point of contact who can facilitate talks to certain groups of the community.

It would help if you could tell us a little about you; your interests, skills and experiences.

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| --- |
| **Consent** |

I consent to being contacted in line with the preferences I have expressed in this form

**Signed: Dated:**

**If you are between 15–18 years of age this form must be signed by both yourself and a parent/guardian.**

**Signed: Dated:**