**Organisation Registration Form to access COVID-19 Volunteer Expenses Fund**

A picture containing drawing, food

Description automatically generated

CVS Falkirk administers the COVID-19 Volunteer Expenses Fund. Please complete the form below in accordance with the guidance that has been provided with this form**.** Please submit your completed form to: **volunteer@cvsfalkirk.org.uk**

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Organisation Address  including Postcode** |  |
| **Main Contact Name**  *This person should be able to verify volunteer names and expenses are accurate* |  |
| **Main Contact Telephone Number** |  |
| **Main Contact Email Address** |  |

I certify that the information I have provided is accurate and up to date.

I can confirm that our organisation has not sought or received funding to pay volunteer expenses to the volunteers  
listed below in this period.

I can confirm that the volunteers listed below have incurred expenses associated with their voluntary activity associated with COVID-19

Signed (main contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following table with every volunteer you wish to register with this service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Volunteer** | Volunteer Email Address | Volunteer Role | Start Date of Volunteering | End Date of Volunteering |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |