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



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.

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