



For Office Use Only:

Organisation

Date.....

Time Bank number.....

Organisational Membership Form

Please return completed form to The Norwood Building, Parkhall Road, Somersham, Cambs, PE28 3HE or email to lucy.bird@somersham-pc.gov.uk.

Organisation name

Contact name and position.....

Telephone number(s).....

Address

.....

Email address.....

Do you currently have volunteers in your organisation?Y/N

Resources you can offer or would like to receive as an organisation are entirely up to you, below are some suggestions but feel free to add you own.

Instructions

Please tick the appropriate box

We could offer.....

We could use.....

Equipment

Projector.....	<input type="checkbox"/>	<input type="checkbox"/>
Flip chart.....	<input type="checkbox"/>	<input type="checkbox"/>
Cameras.....	<input type="checkbox"/>	<input type="checkbox"/>
Collection boxes.....	<input type="checkbox"/>	<input type="checkbox"/>
Fete Games.....	<input type="checkbox"/>	<input type="checkbox"/>
Exhibition stands.....	<input type="checkbox"/>	<input type="checkbox"/>
Photocopier.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

People/skills

Health and Safety advice.....	<input type="checkbox"/>	<input type="checkbox"/>
Web design.....	<input type="checkbox"/>	<input type="checkbox"/>
Social Media tips.....	<input type="checkbox"/>	<input type="checkbox"/>
Technology advice.....	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource advice.....	<input type="checkbox"/>	<input type="checkbox"/>
Gardening advice.....	<input type="checkbox"/>	<input type="checkbox"/>
Extra volunteers for events..	<input type="checkbox"/>	<input type="checkbox"/>
Help to organise events.....	<input type="checkbox"/>	<input type="checkbox"/>
First Aid training.....	<input type="checkbox"/>	<input type="checkbox"/>
Moving/lifting.....	<input type="checkbox"/>	<input type="checkbox"/>
Help with outdoor work eg Orchard/Nature reserve.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Premises

Meeting Rooms.....	<input type="checkbox"/>	<input type="checkbox"/>
Storage space.....	<input type="checkbox"/>	<input type="checkbox"/>
Desk space.....	<input type="checkbox"/>	<input type="checkbox"/>
Large space for events.....	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor space.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Vehicles

Pool cars.....	<input type="checkbox"/>	<input type="checkbox"/>
Mini bus.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments

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.....
.....

STANDARDS OF CARE

As a participant of Somersham and Pidley Time Bank I agree to:

1. Respect another participant’s privacy or confidentiality
2. Respect other participant’s viewpoints, and to not pressure another participant to accept my religious beliefs or political views.
3. Not involve my staff or volunteers in time bank activities by bringing them to a participant’s home or venue of time exchange, unless requested.
4. Not solicit or accept money, gifts or tips from other participants.
5. Refrain from consuming a participant’s food and drink, unless invited to do so.
6. A no smoking policy in a participant’s home or venue of time exchange.
7. Refrain from using any possessions of the participant, including the telephone, unless given clear permission to do so.
8. Always treat fellow participants respectfully.

I, on behalf of (Organisation Name),

agree to abide to the above Standards of Care

..... **Signed**

..... **Full name in capital letters**