**MVA BEFRIENDING VOLUNTEER APPLICATION FORM**

Thank you very much for your interest in volunteering with Medway Voluntary Action.

All details in this form will be treated as strictly private and confidential. Please complete all sections of the application in **BLOCK CAPITALS**.

 **If you need any support to complete this form please contact us:**

 01634 564 939 / befriending@mva.org.uk

|  |  |
| --- | --- |
| Title \* |  |
| First Name |  |
| Last Name |  |
| \*If you have selected ‘Mrs’ as your title, please provide previous surname with the ‘year’ your marital status changed. |  |
| Date of Birth |  |
| National Insurance Number |  |
| Address |  |
| Postcode |  |
| *Have you resided at the above address for 5 or more years? If* ***NO*** *please provide previous address and how long you resided. (for the purpose of DBS check)*  |  |
| Email |  |
| Home Contact No |  |
| Mobile No |  |
| Preferred Contact Method | Email/Phone/Post |
| First Language |  |
| Other Languages |  |
| Do you have a current full driving licence and access to a car? |  |
| Do you have any endorsements on your licence?If yes please give details? |  |

If you drive and claim expenses in relation to volunteering activities, you will need to check with your motor insurance provider whether you need to amend your policy and it is a requirement of MVA that we have a photocopy of your driving licence.

**Availability**

How often would you be available? Weekly Fortnightly

Please circle around the times and days you are available:

**Days/Times:**

|  |  |  |  |
| --- | --- | --- | --- |
| Monday  | Morning  | Afternoon | Evening |
| Tuesday  | Morning  | Afternoon | Evening |
| Wednesday  | Morning  | Afternoon | Evening |
| Thursday | Morning  | Afternoon | Evening |
| Friday  | Morning  | Afternoon | Evening |
| Weekend | Morning  | Afternoon | Evening |

*Please note if you are available on weekends and evenings, only remote telephone befriending services can be provided.*

Please put a cross in as many of the boxes below that you are interested in:

Driver Yes/No Telephone Befriending Yes/No

Befriender Yes/No Group Befriender Yes/No

Other Yes/No If yes, please state below:

|  |  |
| --- | --- |
| Do you have any geographical restrictions? *For example, do you need to be local to your home or place of work or can you travel short**distance to another area in Medway?* |  |
| What do you hope to get out ofvolunteering? |  |
| Do you have any experience, skills or qualifications which may be relevant? |  |
|  Do you have specific health needs that you would like to make us aware of, which will require any additional support from us? If ‘yes’ please give details. |  |
|  **Emergency Contact.** Please provide us with the name, relationship and contact number for someone we can get in touch with in case of an unlikelyemergency | Name: Relationship: Contact number(s):  |
| What are your interests and hobbies? |  |
| Please could you specify which role you would be interested in? Driver, face to face befriender, telephone befriender, gardening support, tech support, other.  |  |

# References

We require 2 references, either professional or character based, before processing your application. This cannot be a member of your immediate family. We will aim to make contact with your referees as soon as possible.

|  |
| --- |
| **Reference 1** |
| Name |  |
| Address |  |
| Contact No |  |
| Email |  |
| How do you know thisperson? |  |
| How long have you knownthis person? |  |
| **Reference 2** |
| Name |  |
| Address |  |
| Contact No |  |
| Email |  |
| How do you know thisperson? |  |
| How long have you knownthis person? |  |

## Convictions

Have you had any criminal convictions? Yes/ No

Have you ever received a caution or been cleared of an allegation that might be recorded on your DBS record? Yes/ No

If you have answered yes to either of the above please give details on a separate sheet.

*This post meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, any applicants for this post who become volunteers for this organisation will be subject to a Disclosure and Barring Service check before the appointment is confirmed. This will include details of cautions, reprimands or final warnings as well as convictions. A criminal record will not automatically bar a person from successfully taking up this post.*

## Privacy Notice

MVA take your privacy seriously and will only use your personal information in ways that you consent to it being used. A copy of MVA’s privacy policy can be found on MVA’s website at [www.medwayvoluntaryaction.org.uk/website/privacy](https://cvsmedway-my.sharepoint.com/personal/malcolm_mva_org_uk/Documents/Work%20for%20editing/www.medwayvoluntaryaction.org.uk/website/privacy) alternatively contact the Office for a copy.

Please understand that completing the application form does not guarantee a place on this project, and that participation is subject to successful completion of training and induction.

## Declaration

I confirm the information in this application form to be correct and any misleading or

falsification of information may be proper cause for rejection or termination of this placement.

I give permission for the information on this application form to be held by MVA. I am willing for MVA to arrange a DBS check on me Yes/ No

If you have a subscription to the DBS update register please provide your reference number so that we can access your portable DBS check:

|  |  |
| --- | --- |
| Sign | Date |

Thank you very much for your interest in volunteering with Medway Voluntary Action Please return the completed application to MVA’s Befriending Team:

MVA Second Floor South, Fitted Rigging House South, Anchor Wharf, The Historic Dockyard, Chatham, Kent ME4 4TZ

 Email: befriending@mva.org.uk Tel: 01634 564939

Registered charity Number: 1042475

**We look forward to welcoming you to the team.**

**Equality and Diversity Monitoring**

Please help us to monitor the reach of our service by completing the section below. This information is used for no other purpose and will be treated as confidential and anonymised.

Please mark one or more of the boxes in each section below as appropriate.

|  |
| --- |
| **Gender Identity- you do not need to answer these questions if you do not want to.****If you are happy to answer, which of the following best describes your gender identity:** |
| Male |  |
| Female |  |
| I identify in another way \* (Please state which: transgender/ non-binarygender/ gender non-conforming) |  |
| Intersex |  |
| Is this the gender you were assigned at birth? | Yes | No |

|  |
| --- |
| **Age** |
| 0-19 |  |
| 20-34 |  |
| 35-49 |  |
| 50-64 |  |
| 65+ |  |
| Prefer not to say |  |

|  |
| --- |
| **Disability**The Equality Act 2010 defines disability as: ‘a person has a disability if s/he has a physical or mental impairment which has substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.’ If you consider yourself to be a disabled person, please tick all of the following options that describes your disability |
| Non-disabled |  |
| Physical disabilities |  |
| Cognitive or learning disabilities |  |
| Mental health condition |  |
| Other long-term/chronic conditions |  |
| Prefer not to say |  |

|  |
| --- |
| **Ethnicity (race and cultural background)**From the list that follows, please indicate how you prefer to describe your race. |
| White British |  |
| Any other White background |  |
| Any Mixed/Multiple ethnic background |  |
| Any Asian background |  |
| Any Black/African/Caribbean background |  |
| Any other ethnic group |  |
| Prefer not to say |  |