**Volunteer Application Form**

All details in this form will be treated as strictly private and confidential. Please complete all sections of the application. Once completed, please return to Befriending Project Officer, Medway Voluntary Action, 5a New Road Avenue, Chatham, Kent, ME4 6BB or alternatively please email befriending@mva.org.uk

If you need any support to complete this form please email or call us on 01634 812 850.

**Personal Details**

Mr/Mrs/Miss/Ms/Other:

First Name/s: Surname:

Date of Birth:

Address: Postcode:

Contact No (H): (M):

Email:

Allergies (including animals):

First Language:

Other languages that you are fluent in (please complete this only if you are happy to be matched with someone with this language):

Do you have a current full driving licence and have access to a car?

Yes No

Do you have any endorsements on your licence?

Yes No

(If yes please give details) …………………………………….............................................................................

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(Occasionally volunteers take our friends out for coffee or to Garden Centres etc. It is therefore a requirement of MVA that we also have a photocopy of your licence)

**Availability**

How often would you be available? Weekly Fortnightly

Please put a cross in the times and days you are available:

 AM PM Evening

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

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

Driver Supporting people who have difficulty with transport

Befriender Visiting a lonely or socially isolated person in their home once a week or fortnightly

Group Befriender Supporting local group befriending activities or events

Telephone Befriender Providing befriending support to a lonely or socially isolated person via the telephone once a week or fortnightly

Other Please state –

**Preference**

Do you have any geographical restrictions? I.E do you need to be local to your home or place of work or can you travel short distance to another area of the town you live in?

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Do you have any particular hobbies or interests?

*Please give as much information as possible as this will help us with the matching you with a friend.*

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What do you hope to get out of volunteering as a befriender?

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**Health**

Do you have, or have you had any medical problems which may affect your work as a volunteer? (If ‘yes’ please give details)

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**Relevant Details**

Do you have any experience, skills or qualifications which may be relevant?

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**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 any 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.*

**References**

We require two references before processing your application – these can be professional or character references. Please provide details referee details below so that we can make contact as soon as possible; it is helpful if you are able to provide contact information for three possible references. A third option often reduces the time it takes us to secure the minimum two references required.

Name Mr/Mrs/Miss/Ms

Address: Postcode:

Contact No: Email:

How do you know this person?

How long have you known this person?

Name Mr/Mrs/Miss/Ms

Address: Postcode:

Contact No: Email:

How do you know this person?

How long have you known this person?

**Confidentiality Agreement**

In the course of your visiting you will have access to confidential information and records about your friends and sometimes other volunteers. It is therefore vital that you treat all information about your friends and other volunteers as confidential. Our friends and volunteers must be able to have confidence that personal information is never released.

Please sign this Confidentiality Agreement to confirm that you accept your responsibility to maintain the Confidentiality of your friend and other volunteers.

Signed: Date:

**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)

Signed: Date:

**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 obtained on our website www.mva.org.uk

Once completed, please email or return this form to Befriending Project Officer:

Address: Medway Voluntary Action, 5a New Road Avenue, Chatham, Kent, ME4 6BB

Email: befriending@mva.org.uk

Following the implementation of the General Data Protection Regulations 2018 (GDPR) , please confirm that you are happy for MVA to hold your data and use it for the purposes of the MVA volunteering programmes. We confirm that your data will only be used for the purposes stated above, and that we will never sell your data. We promise to keep your data safe and secure.

 I consent to MVA holding and processing my data for the purposes above.

**Equality and Diversity Monitoring**

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

|  |  |
| --- | --- |
| Please tick one or more boxes in each section below |  |
| **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-binary gender/ 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+ |  |
| Unknown |  |
| Prefer not to say |  |

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| --- |
| **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 |  |
| Visual impairment |  |
| Hearing impairment/Deaf |  |
| Physical disabilities |  |
| Cognitive or learning disabilities |  |
| Mental health condition |  |
| Other long-term/chronic conditions |  |
| Unknown |  |
| Prefer not to say |  |

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| **Ethnicity (race and cultural background)**From the list that follows, please indicate how you prefer to describe your race.  |
| English/Welsh/Scottish/ Northern Irish/British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other White background |  |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other Mixed/Multiple ethnic background |  |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
| African |  |
| Caribbean |  |
| Any other Black/African/Caribbean background |  |
| Arab |  |
| Any other ethnic group |  |
| Not known |  |
| Prefer not to say |  |