



**Community Emergency Response Team – Befriender**

**(To cover the period of the Covid-19 crisis)**

**Name:**

**Address:**

**Tel:**

**Email:**

1. **Please tell us why you want to volunteer and give us a brief outline of any volunteering or other experience that you consider may be useful to this role.**

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1. **Also detail any hobbies and interests you have to help us with a match**

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1. **How often and when** you would like to do telephone calls. E.g. weekly, day, daytime etc.?

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

1. **Would be willing to have more than one befriendee** to call? If so how many?

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1. **Please provide any further details that you think we should be aware of. (I.e. do you hold a DBS Check with another organisation? Any professional qualification i.e. nursing, mental health, working with older people)**

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Please can you provide a form of photo ID (Driving licence, passport etc) this can be scanned/photographed with your application form.

 I confirm that all the details on the application form are correct and accurate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020

Please return your completed form and ID (copy only) to : volunteer.recruitment@ageukeastsussex.org.uk

If you have any questions about the application process please telephone or email:

CERT.Volunteering@ageukeastsussex.org.uk OR volunteer.recruitment@ageukeastsussex.org.uk

Community Emergency Response Team 01273 476704