**Volunteer Application Form - Private and Confidential**

|  |  |
| --- | --- |
| **Surname:** | **Mr/Mrs/Miss/Ms/Other:** |
| **Forenames:** | **Age: Date of birth:** |
| **Address:**  **Postcode:** | |
| **Tel No: Mob No:** | |
| **Email address:** | |
| **Please provide an emergency name and contact number:** | |
| **Health details – please tell us if you have a health or disability issue which you feel it is important to share with us:** | |
| **What days/times would suit you best for your visits? (Mon-Sun)** | |
| **What mode of transport will you be using to visit clients?**  **Car details: make, model, reg (if applicable):**  **What areas would you be willing to travel to?** | |
| **Are you happy to visit a member with pets?**  **Are you happy to visit a member who smokes / lives with a smoker?**  **Do you have a preference to visit a male or female member?**  **Are you happy to visit a person who is living with early stages of dementia?**  **Please give details of any particular interests/hobbies:**  **What is the main reason you wish to become a volunteer befriender?**  **Details of any relevant training, skills or experience, including any voluntary work:** | |

|  |
| --- |
| **Will you be willing to complete a DBS form? Yes/No (cost covered by us)**  *The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working or volunteering with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).* |
| **Do you consent to your photo being taken and used by Age UK for the purposes of your volunteer identification badge and visit log? Yes / No**  **If your voluntary involvement with the Befriending Service ceases, you agree to return your ID badge to the Befriending Coordinator.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give names and addresses of two referees: (USE BLOCK CAPITALS)**  *Note: referees must be over 18, should not be related to you and* ***must have known you for at least two years.*** | | | |
| **1.** | Full name: | **2.** | Full name: |
|  | Postal address |  | Postal address |
|  | Postcode: |  | Postcode: |
|  | Email: |  | Email: |
|  | Relationship: |  | Relationship: |

**Please note:**

**The West Kent Befriending Service operates a zero tolerance policy against all discrimination including age, disability, nationality, race, religion or sexuality.**

**Do you wish to continue?**

**Data Protection**

To comply with the Data Protection Act 1998, West Kent Befriending Service requires your consent in order to store your personal details. By signing below you agree to your information being held by West Kent Befriending Service.

Name...........................................Signed.................................................Date.............