

Befriending Volunteer Application



Contact Information

Name:

Street Address:

Postcode:

Date of Birth:

Home Phone:

Mobile Number:

E-mail Address:

Availability – Please Indicate when you would be available to volunteer (Days/times).

Why do you wish to become a Volunteer Befriender?

Special Skills or Qualifications

Summarise special skills and qualifications you have acquired from employment, previous volunteer work, previous training or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarise your previous (if any) volunteer experience.

Are you prepared to travel a short distance to a client's house if they live slightly outside the immediate area? (N.B. travel expenses are paid). Please tick:

- Yes, I have access to a car and could travel
- Yes, I could use public transport
- No

Please provide details of any special needs or relevant medical conditions

Person To Notify In Case Of Emergency

Name:

Street Address:

Postcode:

Home Phone:

Work Phone:

Mobile Number:

E-mail Address:

Please provide 2 references for your application. (Referees cannot be relatives).

Reference 1	Reference 2
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Tel No:	Tel No:
Email:	E-mail:

***Please note that successful applicants will be subject to an AccessNI check.**

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organisation to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

