

**DORCAS BEFRIENDING PROJECT VOLUNTEER APPLICATION FORM**

First Name:

Surname:

Date of birth (optional):

Current address:

Postcode:

Home/Work Tel No:

Mobile:

May we contact you at work?

 YES 

 NO 

Email:

**PLEASE TICK THE VOLUNTEER ROLES YOU WOULD BE INTERESTED IN:**

 Befriender 

 Admin/Project Intern 

 Fundraising Assistant 
**PLEASE INDICATE WHOM YOU WOULD LIKE TO WORK WITH. PLEASE INDICATE ORDER OF PREFERENCE IF YOU WISH.**

 Disabled adults 

 Older people 

Couple / Single Person

 Couple / Single Person 

 Smoker / Non-smoker 

 No Preference 
**WHAT KINDS OF VOLUNTEER WORK WOULD YOU LIKE AND ARE WILLING TO DO?  
(PLEASE TICK ALL THAT APPLY)**

 Chatting / listening 

 Practical help 

 Refreshments/Lunches 

 Taking someone out 

 Arts/crafts/music 

 Pushing a wheelchair 

 Driving 

 Escort on minibus 

 Gardening 

 Administration/paperwork 

 Translation and/or interpreting 

 Events 

 Canvassing 

Any other suggestions:

 Do you like animals/pets? YES 

 NO

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Given the right information and guidelines;

Would you be willing to work with clients with HIV or AIDS?

YES

NO

**WHEN WOULD YOU BE AVAILABLE TO VOLUNTEER WITH US? (PLEASE TICK AS MANY AS ARE APPLICABLE)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Which would be the best time for you?

**HOW LONG DO YOU PLAN TO VOLUNTEER WITH THE DORCAS BEFRIENDING PROJECT?**

(PLEASE TICK ACCORDINGLY)

One to three months:

Three to six months:

More than six months:

(NB: Volunteers are free to leave at any time should the need arise)

**THE DORCAS BEFRIENDING PROJECT VALUES A DIVERSE VOLUNTEER BASE. WHAT ATTRACTED YOU TO APPLY FOR A VOLUNTEER ROLE IN THE DORCAS BEFRIENDING PROJECT?**

**PREVIOUS EXPERIENCE**

Are you presently employed/studying?

YES

NO

If yes; what is your current job/course?

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**WHAT PREVIOUS EXPERIENCE, INCLUDING VOLUNTARY WORK, DO YOU HAVE?**

**WHAT PERSONAL INTERESTS OR HOBBIES DO YOU HAVE? (THESE MAY BE USEFUL WHEN TRYING TO MATCH YOU WITH A CLIENT)**

**WHAT SKILLS, KNOWLEDGE AND EXPERIENCE DO YOU FEEL YOU COULD BRING TO A VOLUNTARY ROLE AT THE DORCAS BEFRIENDING PROJECT?**

Do you have any medical/ nursing/ first aid experience?    YES                       NO

If yes, then please give further information:

Do you have a full current driving license?                      YES                       NO

**DORCAS BEFRIENDING PROJECT VOLUNTEER APPLICATION FORM**

*We at the Dorcas Befriending Project aim to be an inclusive and supportive organisation. In accordance with the Disability Discrimination Act 1995, a person is considered to have a disability if s/he has 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.' Please note it is the effect of the impairment, without treatment, which determines if an individual meets this definition of disability.*

Do you consider that you meet this definition of disability?    YES                       NO

Please explain if you answered YES:

Are there any reasonable adjustments that we could make as part of your recruitment process that would enable you to enjoy equality of opportunity in getting a volunteer role with us? Have you any access or communication needs, of which we should be aware?

Please specify:

We have an Equal Opportunities Policy (available on our website)

Do you agree to work within this Policy?                                      YES                                       NO

Do you object to your details being kept in line with our Data Protection Policy (available on our website)?                      YES                                       NO

How did you hear about the Dorcas Befriending Project?

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**Please give the names, addresses and phone numbers of two referees: -**

**These should NOT be family members or friends.** (They may be former employers, a college tutor, religious or community leaders, former organisation where you have volunteered, social worker, etc.)

*(If you have a problem with identifying two referees, please speak to the Volunteer Coordinator and/ or an Executive Committee Member.)*

**First Referee**

Name:

Relationship to you:

Address:

Telephone:

Email:

**Second Referee**

Name:

Address:

Telephone:

Email:

Signed:

Date:

Thank you for your interest, we will be in touch soon.

Please return the completed form either by post or email to:

**The Project Coordinator**

Dorcas Befriending Project

“The Bridge”, 80 Arran Walk, Canonbury, Islington N1 2TL.

Tel: 020 7704 0605

Email: [admin@dorcas-befriending.org.uk](mailto:admin@dorcas-befriending.org.uk)

Web: [www.dorcas-befriending.org.uk](http://www.dorcas-befriending.org.uk)

**PLEASE NOTE:**

All information received will be dealt with in confidence, consistent with our commitment to data protection, confidentiality and safeguarding vulnerable adults. The position under consideration is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.

If you have any difficulty completing this application form, please contact us on telephone: 020 7704 0605 or email: [admin@dorcas-befriending.org.uk](mailto:admin@dorcas-befriending.org.uk).