

**COMMUNITY BEFRIENDING**

 **Volunteer Application Form**

**Please complete in BLOCK CAPITALS**

**Date Completed:**

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| --- |
| Forename: Surname: Title: (Mr, Mrs, Ms etc) |
| What do you prefer to be called?  |
| Address: |
|  Post code: |
| Telephone No: Mobile No: |
| E mail address: |
| Date of Birth: |

**Your hobbies, interests and skills: (If you have language/signing skills please mention this below)**

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**Please tell us about your work and voluntary experience.**

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**Where can you volunteer? Please tick all that apply**

Bedminster □

Stockwood □

Sandford/ North Somerset □

**What times/ days would you be available to volunteer?**

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**Your health:**

Are there any health issues that we should be aware of, for health and safety reasons? YES/NO

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**Where did you hear about our volunteering opportunity?**

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**References**

**In order to protect those older people who are frail or vulnerable, St Monica Trust takes up references for all volunteers. Please give the details of two people who can provide a character reference for you. This cannot be a relative or partner. Some examples of who you might use: an employer, teacher, someone from your place of worship, or college tutor.**

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| Forename: Surname: Title: (Mr, Mrs, Ms etc) |
| Address: |
|  Post code: |
| Telephone No: Mobile No: |
| E mail address: |
| How is this person known to you? |

|  |
| --- |
| Forename: Surname: Title: (Mr, Mrs, Ms etc) |
| Address: |
|  Post code: |
| Telephone No: Mobile No: |
| E mail address: |
| How is this person known to you? |

*Because of the nature of our work, you are required by the Rehabilitation of Offenders Act 1974 to declare* ***all convictions, including those which are spent.*** *Having a conviction doesn’t necessarily mean you are unsuitable for volunteering. Please note that after your interview we will ask you to apply for an Enhanced Disclosure from the Criminal Records Bureau.*

**Have you ever been convicted of a criminal offence (including any conviction covered by the Rehabilitation of Offenders Act 1974)? Yes/No**

**Please provide emergency contact details**

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| --- |
| Forename: Surname: Title: (Mr, Mrs, Ms etc) |
| Address: |
|  Post code: |
| Telephone No: Mobile No: |

I certify that the information I have given on this form is true and accurate.

I agree that St Monica Trust may store and process my personal details in accordance with the requirements of its Data Protection Policy and in keeping with the Data Protection Act (1998) and the Privacy and Electronic Communication (EC Directive) Regulations (2003). St Monica Trust is a registered charity, number 202151.

I agree that that St Monica Trust can use my email address to send me updates relating to St Monica Trust and Third Party information that is relevant to my volunteer application.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Thank you for your interest – Please return this form, marked CONFIDENTIAL,***

***By Post: Karen Bennett, Community Befriending Officer, Monica Wills House, Cromwell Street, Bedminster Bristol, BS3 3NH***

***By Email:*** ***Karen.Bennett@stmonicatrust.org.uk***

***By Phone: 07875 406844***

***If you need any further information please do not hesitate in contacting me.***