



VOLUNTEER APPLICATION FORM

Name:

Address:.....

Telephone No..... D.OB

Email:

Please provide an emergency contact name and telephone number.

Name: Relationship to you:

Phone: Address:.....

What type of volunteering would you like to do?

1-1 Befriending

Admin/IT Support

Short Term Befriending

Telephone Befriending

Social Club volunteers

Student Placement

Life Story Work

Volunteer Drivers

How did you hear about Friendship at Home?

Previous relevant experience (paid or unpaid)

Any other information relevant to the post?

Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
am							
pm							
eve							

Do you have access to a car you can use for volunteer work?

Yes No

Do you have any support needs?

Do you have any concerns about being involved with a particular group of people, which you would like to discuss further?

Yes

No

All applicants who are being considered for a volunteer role will be subject to a Disclosure and Barring Service Check (DBS).

Have you ever been convicted of a criminal offence?

Yes

No

If yes, please state the nature of the conviction and date:

We do not discriminate against people with criminal convictions unless these are relevant to the post. However please note you may be questioned about any convictions before an offer is made.

Declaration:

I confirm that the statements given in this application are true and accurate to the best of my knowledge.

Signed:..... Date:.....

VOLUNTEER APPLICATION FORM REFERENCES

Name of Applicant:

1st Referee

Name..... Relationship to Referee.....
 Telephone Number..... Address.....
 Email.....

2nd Referee

Name:..... Relationship to Referee.....
 Telephone Number..... Address.....
 Email.....

Please return this form to:

**Friendship at Home
 6-7 Aspen Court
 Cleethorpes
 DN35 0SJ**

