

Volunteer application form for use during COVID-19.

Thank you for offering your help during this difficult time. In order to keep the people we help safe, we need all volunteers to complete our full application process. This involves getting two character references and for most roles DBS checks. On average the full application including DBS check takes about a month. Whilst we will do our best to speed this up, often this is beyond our control.

**At the moment we are only processing recruitment for the following roles** (*If you would like to volunteer in another way after the current crisis please note this on the form and we will get back to you when things settle down*).

**Telephone befriender & “Hello Southampton” Telephone support** – you will need to supply two people we can contact for character references.

**Shopping for /collecting supplies** – you will need to supply two people we can contact for character references and will need to have a DBS check before you can take people’s money to shop for them.

**Transport for urgent appointments** e.g. medical, lift to cash point etc. You will need to supply two people we can contact for character references and have a DBS check.

**For shopping and transport you must have an email address and internet access** on a computer /tablet not just a phone as you will not be able to complete the DBS check otherwise. You will also need to have a device with a camera (e.g. smartphone, laptop, tablet) so we can do a video call to verify your ID. You must also live within or immediately outside Southampton City and not be a member of a vulnerable group. All the people we help live in or immediately outside Southampton City and we don’t want to encourage unnecessary travelling at this time.

| Date of application  |                   |                                  |                      |
|--|-------------------|----------------------------------|----------------------|
|  |                   |                                  |                      |
| Your contact details   |                   |                                  |                      |
| <b>Title</b> <i>Mr/Mrs/Miss/Ms etc</i>   | <b>First name</b> | <b>Last name</b>                 | <b>Date of birth</b> |
| <b>Address including postcode:</b> <i>(needed for ID check)</i>  | <b>Landline</b>   |                                  |                      |
|  | <b>Mobile</b>     |                                  |                      |
|  | <b>Email</b>      |                                  |                      |
| A bit about you  |                   |                                  |                      |
| <b>Do you work?</b> <i>please indicate as appropriate</i>  | Full time         | Part time                        | I don't work         |
| <b>Occupation/profession:</b>  |                   | <b>Retired?</b>                  |                      |
| <b>Do you drive?</b>   |                   | <b>Do you have use of a car?</b> |                      |
| <b>Please list any languages (other than English) which you speak confidently enough to have an extended conversation.</b> |                   |                                  |                      |
|  |                   |                                  |                      |

**How did you hear about volunteering with Communicare in Southampton?**

**Why do you want to volunteer with Communicare in Southampton?**

**How would you like to help? Please tick the yes column for those areas in which you are interested in helping**

| <b>Helping our clients by:</b>                             | <b>Yes</b>   | <b>Comment</b> |
|--|--|----------------|
| Shopping for   |  |                |
| Telephone Befriending                                      |  |                |
| “Hello Southampton” telephone welfare calls                |  |                |
| Providing transport (lifts to medical/urgent appointments) |  |                |
| Helping in some other way - please specify                 |  |                |
| <b>Would you be willing to push a wheelchair?</b>          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |

**When can you help?**

| <i>Please indicate as appropriate</i> | <b>Morning</b> | <b>Afternoon</b> | <b>Evening</b> |
|---------------------------------------|----------------|------------------|----------------|
| Monday                                |                |                  |                |
| Tuesday                               |                |                  |                |
| Wednesday                             |                |                  |                |
| Thursday                              |                |                  |                |
| Friday                                |                |                  |                |
| Saturday                              |                |                  |                |
| Sunday                                |                |                  |                |

**References please provide the name and contact details of two referees, who you confirm that you've have sought the agreement to provide their details as a referee for my application**

| Referee 1: professional person (e.g. employer, teacher) |  | Referee 2: character reference (not a family member) |  |
|---|--|--|--|
| <b>Name</b>   |  | <b>Name</b>  |  |
| <b>Phone</b>  |  | <b>Phone</b>   |  |
| <b>Email</b>  |  | <b>Email</b>   |  |

Please tick to give Communicare permission to add you to our volunteer emailing list

**SIGNATURE:**

**DATE:**

Please email your completed application form to [volunteer@communicareinsouthampton.org.uk](mailto:volunteer@communicareinsouthampton.org.uk) or post to Communicare in Southampton, Amplevine House, Dukes Road, Southampton, SO14 0ST

## ETHNICITY & DIVERSITY MONITORING

Many of our funders are interested in the range of backgrounds of our volunteers and clients. By completing this form you will be helping us to provide this and secure further funding. Completing this section is optional.

This information will be separated from your application and only used for anonymised monitoring purposes.

| Please complete this information:  |  |                |  |         |  |
|--|--|----------------|--|---------|--|
| Age:   |  | Date of Birth: |  | Gender: |  |
| What is your ethnic group?<br>Choose one section from (a) to (e) and tick the appropriate box to indicate your cultural background   |  |                |  |         |  |
| <b>White</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</li> <li><input type="checkbox"/> Irish</li> <li><input type="checkbox"/> Roma/Gypsy/Irish Traveller</li> <li><input type="checkbox"/> Any other White background</li> </ul> <p>.....</p>         |  |                | <b>Mixed / Multiple ethnic groups</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> White and Black Caribbean</li> <li><input type="checkbox"/> White and Black African</li> <li><input type="checkbox"/> White and Asian</li> <li><input type="checkbox"/> Any other Mixed / Multiple ethnic background</li> </ul> <p>.....</p> |         |  |
| <b>Asian / Asian British</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Indian</li> <li><input type="checkbox"/> Pakistani</li> <li><input type="checkbox"/> Bangladeshi</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Any other Asian background</li> </ul> <p>.....</p> |  |                | <b>Black / African / Caribbean / Black British</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> African</li> <li><input type="checkbox"/> Caribbean</li> <li><input type="checkbox"/> Any other Black / African / Caribbean background</li> </ul> <p>.....</p>  |         |  |
| <b>Other ethnic group</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Arab</li> <li><input type="checkbox"/> Any other ethnic group</li> </ul> <p>.....</p>  |  |                |  |         |  |