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 from people **who have known you for more than one year** and for most roles DBS checks. On average the full application including DBS check takes about a month.

**We are prioritising recruitment for the following roles.**

**Telephone befriender** and “**Hello Southampton” Telephone support:** you will need to supply two people we can contact for character references and show us some ID. For Hello Southampton you need a tablet or computer/laptop and you need to be available on weekday mornings.

**Shopping** **for/Transport:**  you will need to supply two people we can contact for character references and will need to have a DBS check. You must live within or immediately outside Southampton City and not be extremely clinically vulnerable.

**Vaccine Centre:** You will need to provide two character referees and show us ID. You must not be clinically extremely vulnerable for this role.

|  |
| --- |
| **Date of application** |
|  |
| **Your contact details** |
| **Title** *Mr/Mrs/Miss/Ms etc* | **First name** | **Last name** | **Date of birth** |
| **Address including postcode:** *(needed for ID check)*  | **Landline** |  |
| **Mobile** |  |
| **Email** |  |
| **A bit about you** |
| **Do you work?** *please indicate as appropriate* | Full time | Part time | I don’t work |
| **Occupation/profession:** |  | **Retired?** |  |
| **Do you drive and have use of a car?** | **Yes**  | **No** |
| **Would you be willing to push a wheelchair?** | **Yes** | **No** |
| **Would you be prepared to visit someone who smokes?** | **Yes** | **No** |
| **Are you volunteering as part of a course requirement?**  | **Yes** | **No** |
| **Please list languages (other than English) in which you can hold an extended conversation.** |
| **How did you hear about volunteering with Communicare in Southampton?** |
| **Why do you want to volunteer with Communicare in Southampton?** |

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| **How would you like to help? Please tick the yes column for those areas in which you would like to volunteer.** |
| **Helping people by:** | **Yes** | **Comment** |
| Shopping for  |  |  |
| Telephone Befriending |  |  |
| “Hello Southampton” telephone welfare calls |  |  |
| Providing transport (lifts to medical/urgent appointments) |  |  |
| Vaccine Centre |  |  |
| Helping in other ways: please specify |
| **In the future** we plan to resume activities we’ve had to put on hold due to covid-19. Please tick any of these which you might like to help with when we can restart offering them. |
| Face to face visits in people’s homes (befriending) |  | Gardening, DIY or decorating |  |
| Taking people shopping  |  | Helping at events  |  |
| Taking people on trips out (e.g. for coffee)  |  | Tea parties or lunch clubs |  |

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| **When can you help?** *Please indicate as appropriate* |
| Monday | *Morning* |  | *Afternoon* |  | *Evening* |  |
| Tuesday  | *Morning* |  | *Afternoon* |  | *Evening* |  |
| Wednesday  | *Morning* |  | *Afternoon* |  | *Evening* |  |
| Thursday  | *Morning* |  | *Afternoon* |  | *Evening* |  |
| Friday  | *Morning* |  | *Afternoon* |  | *Evening* |  |
| Saturday | *Morning* |  | *Afternoon* |  | *Evening* |  |
| Sunday | *Morning* |  | *Afternoon* |  | *Evening* |  |

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| **References** please provide the name and contact details of two referees you have known at least a year who you *confirm that you’ve sought the agreement to provide their details as a referee for this application* |

|  |  |
| --- | --- |
| Referee 1: professional person (e.g. employer, teacher) | Referee 2: (not a family member) |
| **Name** |  | **Name** |  |
| **Phone** |  | **Phone** |  |
| **Email** |  | **Email** |  |

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

**SIGNATURE: DATE:**

ETHNICITY & DIVERSITY MONITORING

Many of our funders are interested in the range of backgrounds of our volunteers and service users. 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?**Choose one section from (a) to (e) and tick the appropriate box to indicate your cultural background |
| **White*** English/Welsh/Scottish/Northern Irish/British
* Irish
* Roma/Gypsy/Irish Traveller
* Any other White background

 ……………………………………………… | **Mixed / Multiple ethnic groups*** White and Black Caribbean
* White and Black African
* White and Asian
* Any other Mixed / Multiple ethnic background

…………………………………………. |
| **Asian / Asian British*** Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background

………………………………………… | **Black / African / Caribbean / Black British*** African
* Caribbean
* Any other Black / African / Caribbean background

 ………………………………………………….. |
|  **Other ethnic group*** Arab
* Any other ethnic group

 ……………………………………. |  |