

Confidential Volunteer Application Form

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 <i>Mr/Mrs/Miss/Ms etc</i>	First name	Last name	Date of birth
Address including postcode: <i>(needed for ID check)</i>		Landline	
		Mobile	
		Email	
A bit about you			
Do you work? <i>please indicate as appropriate</i>	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?

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	

When can you help? *Please indicate as appropriate*

Monday	<i>Morning</i>		<i>Afternoon</i>		<i>Evening</i>	
Tuesday	<i>Morning</i>		<i>Afternoon</i>		<i>Evening</i>	
Wednesday	<i>Morning</i>		<i>Afternoon</i>		<i>Evening</i>	
Thursday	<i>Morning</i>		<i>Afternoon</i>		<i>Evening</i>	
Friday	<i>Morning</i>		<i>Afternoon</i>		<i>Evening</i>	
Saturday	<i>Morning</i>		<i>Afternoon</i>		<i>Evening</i>	
Sunday	<i>Morning</i>		<i>Afternoon</i>		<i>Evening</i>	

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:

Please email your completed application form to 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 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 <ul style="list-style-type: none"> <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Roma/Gypsy/Irish Traveller <input type="checkbox"/> Any other White background <p>.....</p>			Mixed / Multiple ethnic groups <ul style="list-style-type: none"> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / Multiple ethnic background <p>.....</p>		
Asian / Asian British <ul style="list-style-type: none"> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <p>.....</p>			Black / African / Caribbean / Black British <ul style="list-style-type: none"> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background <p>.....</p>		
Other ethnic group <ul style="list-style-type: none"> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <p>.....</p>					