Thank you for volunteering with us. We look forward to getting to know you. Please contact the office team on 023 8250 0050 or [volunteer@communicareinsouthampton.org.uk](mailto:volunteer@communicareinsouthampton.org.uk) if you have any questions or would like to find out more about volunteering with us.

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 at least 2 years** and for most roles DBS checks. On average the full application including DBS check takes about a month.

**We are now recruiting volunteers for all roles.** Please see document ‘Welcome to Communicare’ for a summary of roles, or get in touch with the office team.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | Retired |
| **Occupation/profession: (including former if 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? E.g. through Senior Saints, Google, etc.** | | | | | | | | | | |
| **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** |
| Telephone Befriending – a weekly phone call for a friendly chat |  |  |
| ‘Hello Southampton’ telephone welfare calls (weekday mornings) |  |  |
| Giving lifts in your car (e.g. to medical/other appointments) |  |  |
| Shopping for people |  |  |
| Taking people shopping in your car |  |  |
| Face to face visits in people’s homes (befriending) |  |  |
| Family support e.g. helping a parent with young children |  |  |
| Taking people on trips out (e.g. for coffee) |  |  |
| Activity Buddy -helping people get more active |  |  |
| Travel Buddy: helping people use public/community transport |  |  |
| Gardening, DIY or decorating -please specify |  |  |
| Helping with fundraising events |  |  |
| Helping with Tea parties or groups such as lunch clubs |  |  |
| Helping in other ways: please specify | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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* |  |

|  |
| --- |
| **References** please provide the name and contact details of two referees you have known for two years 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 post to Communicare in Southampton, 6 Northlands Road, Southampton, SO15 2LF or email volunteer@communicareinsouthampton.org.uk**