



Confidential Volunteer Application Form

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 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												
Date of application												
Vous contact datails												
Your contact details Title Mr/Mrs/Miss/Ms etc	mo.	Last name					Date of birth					
THE WIT/WITS/WISS/WIS ELC	First nar	ne Last name			ille		Date of	Date of birth				
Address including postcode	for ID	^{CID} Landli										
check)			Mobile									
		Fm	nail									
A hit about you												
A bit about you												
Do you work? please indicate as appropriate			Full time		Part tim	e 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								No				
Are you volunteering as part of a course requirement?					Yes			No				
Please list languages (other	than Eng	lish) in wh	ich y	ou can h	old an ex	tended	conversation	on.				
5 5 ,												
How did you hear about volunteering with Communicare? E.g. through Senior Saints, Google, etc.												
Why do you want to valunta as with Communicate in Southameter?												
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 pe	ople by:	١	⁄es	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 pe	ople shopping in									
Face to face visits in people's homes (befriending)										
Family support e.g. helping a parent with young children										
		t (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 w	vith fundraising	events								
Helping w	vith Tea parties									
Helping in o	other ways: plea	se specify								
When can	you help? Please in	ndicate as appropriate								
Monday		Morning		Aftei	rnoon		Evening			
Tuesday		Morning			rnoon		Evening			
Wednesday	/	Morning		Aftei	Afternoon		Evening			
Thursday		Morning			rnoon		Evening			
Friday		Morning		Afternoon			Evening			
Saturday		Morning			rnoon		Evening			
Sunday		Morning	rnoon		Evening					
- ·		.1								
							u have known for two years			
		n (e.g. employer, teacl					as a referee for this applic	ution		
Name		i (e.g. employer, teaci	ner)	Name	. (110t a	Idiiii	ly member)			
Phone				Phone						
Email				Email						
	Please tick to g	ive Communicare	permis	ssion to a	dd you	ı to	our volunteer emailing l	ist		
SIGNATU	DATE:									

Please post to Communicare in Southampton, 6 Northlands Road, Southampton, SO15 2LF or email volunteer@communicareinsouthampton.org.uk