**Befriending and Listening Support Volunteer**

**Telephone Befriending Volunteer Application Form**

Thank you for your interest in applying to volunteer with Ageing Better Middlesbrough, which is part of Middlesbrough & Stockton Mind.

Please return completed form to befriending@middlesbroughandstocktonmind.org.uk If you have any question please contact us on 01642 257020. .

**Section 1: Personal Details**

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| **1. Name**  |
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| --- |
| **2. Address** |
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| --- | --- |
| **3. Telephone number** | **4. E-mail** |
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| --- |
| **5. Date of birth** |
|  |

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| --- |
| **6. Work** |
| Are you:Full-time employed [ ] Part-time employed [ ] Self-employed [ ] Student [ ] Primary carer [ ] Retired [ ] Long term sick/unable to work [ ] Other: |

|  |
| --- |
| **7. Emergency Contact** |
| Name | Relationship to you | Contact number |
|  |  |  |

**Section 2: Volunteering for Middlesbrough & Stockton Mind**

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| **8. Please provide some background information about yourself. What are your interests, hobbies etc?** |
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| **9. What are your reasons for wanting to become a volunteer telephone befriender?** |
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| **10. What skills and experience will you bring to the role (including any other voluntary work, paid work, life experience and training/education)? Please include any experience of supporting people even if this informally.** |
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| **11. What is your understanding of mental health difficulties and wellbeing?** |
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| **12. Availability** |
| How many hours are you available per week? (min of 2 hours) |
|  |
| What days and times are you available? |
| **Monday:****Tuesday:****Wednesday:****Thursday:** **Friday:** |

**Section 3: Referee & declarations**

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| **13. Please give the details of 2 people who are prepared to act as referees on your behalf. Referee’s must have known you for 12 months or more and can be work colleagues or college tutors but not friends or relatives. We will write to them as part of the volunteer recruitment process.**  |
| 1.Name of referee: |  |
| Address:  |  |
| Tel:  |  |
| E-mail:  |  |
| Relationship to you: |  |
| 2.Name of referee: |  |
| Address:  |  |
| Tel:  |  |
| E-mail:  |  |
| Relationship to you: |  |

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| **14. Volunteering with Mind involves contact with vulnerable. All volunteers will be subject to a check by the Criminal Records Bureau. We will not automatically rule out applications from ex-offenders, but we need to know facts to make a considered judgement. Please confirm that you have completed and signed the Protection of Vulnerable Adults/ Declaration of Criminal Convictions Form.** |
| **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **15. Declaration** |
| I declare that to the best of my knowledge the information given in this application form is true and complete. I give permission for my details to be held securely according to the Data Protection Act.**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Strictly private and confidential**

**Protection of Vulnerable Adults / Declaration of Criminal Convictions Form**

As stated on our volunteering application form, all applicants for volunteering are required to complete this confidential declaration. Please complete this form in ink.

The role that you are applying for is likely to involve direct contact with vulnerable adults and is therefore exempt from the Rehabilitation of Offenders Act 1974. You must provide us with details of any pending prosecutions or convictions (including cautions, bind overs, supervision orders or secure orders) which you may have, even if they would otherwise be regarded as ‘spent’ under this Act.

**Have you any criminal convictions, cautions, bind overs, supervision orders, secure orders or pending criminal proceedings?**

Yes □ No □

**Have you ever been interviewed in connection with or been the subject of any abuse investigation or inquiry?**

Yes □ No □

If you have answered yes to either of the above questions, please provide details below and continue overleaf if necessary:

|  |  |  |
| --- | --- | --- |
| **Date of offence** | **Nature of offence/inquiry** | **Sentence passed** |
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**Declaration**

To the best of my knowledge and belief, the information given above is correct. I understand that if I am offered and take up a voluntary position with Middlesbrough and Stockton Mind and this information is inaccurate, I am liable for dismissal.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equal Opportunities Monitoring Form**

We would like to know a bit more about you, to understand who is volunteering with us, and who we need to work harder to reach. We also want to make sure we understand the needs of all the communities we work with. Completing these questions is voluntary, and the information you provide will be entirely anonymous. Thanks for your help.

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| --- |
| What is your gender?  |
|  | Female  |
|  | Male |
|  | Non-binary |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

|  |
| --- |
| Have you ever identified as trans?  |
|  | Yes  |
|  | No  |
|  | Prefer not to say |

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| --- |
| What is your sexual orientation? |
|  | Bi |
|  | Gay/lesbian |
|  | Heterosexual/straight |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

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| --- |
| What is your ethnic background? |
|  | Asian or Asian British – Bangladeshi |
|  | Asian or Asian British – Indian |
|  | Asian or Asian British – Pakistani |
|  | Asian or Asian British - other |
|  | Black or Black British – African |
|  | Black or Black British – Caribbean |
|  | Black or Black British - other |
|  | Chinese |
|  | Mixed – White and Asian |
|  | Mixed – White and Black African |
|  | Mixed – White and Black Caribbean |
|  | Mixed – other |
|  | White British |
|  | White Irish |
|  | White other |
|  | Other |
|  | Prefer not to say |

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| Do you consider yourself to have a long-term health condition or learning difference that has a substantial or long-term impact on your ability to carry out day to day activities? Examples may include epilepsy, depression, Asperger’s syndrome, or deafness. |
|  | Yes  |
|  | No  |
|  | Prefer not to say |

Thank you for taking the time to complete this application form. Please send the completed form to befriending@middlesbroughandstocktonmind.org.uk We will be in contact with you as soon as we can.

If you would like more information or require support to complete the application form then please do not hesitate to contact us on 01642 257020 or via email befriending@middlesbroughandstocktonmind.org.uk