**Volunteer Application Form 2023**

1. **Personal Details**

| First Name: | Surname: |
| --- | --- |
| Home Address: | |
| Telephone No: (Day) | Telephone No: (Evening): |
| Date of Birth: | Nationality: |
| Email Address: | |
| Next of kin:  Telephone No: | |
| Do you have any support needs? (Please specify) | |
| What volunteer role are you interested in?   * One-to-one Befriending * Telephone Befriending * Peer Support * Fundraising Assistant * Digital Champion * Events Assistant (In-person) * Creative Assistant (online), including Virtual Walking Tour and Coffee and Cake volunteer. * Social Media Assistant * Fundraising Researcher * Other | |
| Previous relevant experience (Paid or Unpaid):  *Please provide details from the last two years beginning with current/most recent:* | |
| Any other information relevant to the post: | | |
| Please tick if you consider yourself to be in any of the following groups:   * Young Person (18-26) * Unemployed * Employed Full Time * Employed Part Time * Further Education * Disabled * Older Person (60+) * Single Parent | | |
| How did you hear about our organisation? If you have been referred to us, please name the organisation. | | |

1. **Availability for volunteering**

| **Days/hours available**  Please add Morning/ Afternoon/ Evening/ Flexible | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |

1. **Information for client matching purposes (note that none of these are requirements, the information is only used to match volunteers to specific roles and to specific clients)**

Are you a driver?

* Yes
* No

Do you have access to a car?

* Yes
* No

1. **Protection of Vulnerable Groups (Scotland) Act 2007**

Are you a member of the Protection of Vulnerable Groups (PVG) Scheme

* Yes
* No

| **Membership Number** |  |
| --- | --- |

1. **References**

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

|  | **Referee 1** | **Referee 2** |
| --- | --- | --- |
| **Name** |  |  |
| **Relationship to Referee** |  |  |
|  | **Referee 1** | **Referee 2** |
| **Position** |  |  |
| **Address** |  |  |
| **Contact Number** |  |  |
| **Email** |  |  |

1. **Data Privacy**

We will only use your data for the following purposes:

* Contacting you
* Matching you with clients for befriending or driving
* Monitoring for the purposes of, e.g. the Quality in Befriending Award, or for funding requirements
* Equality monitoring

The No.1 Befriending Agency will only share your data with other staff. No external individuals or agencies will be given your information unless we ask you and you agree in advance. We will not share your information with clients other than your first name.

A copy of our Volunteer Privacy Policy is available from your Volunteer Co-ordinator or from the Operations Manager upon request.

By signing this application form, the volunteer agrees that The No.1 Befriending Agency may use their data in the above ways.

1. **Agreement**

I confirm that I agree that The No.1 Befriending Agency may use the data I have provided on this form for the purposes stated above. I also confirm that all information provided on this form is correct.

| Name (PLEASE PRINT): | |
| --- | --- |
| Signature: | Date: |