

Voluntary Action Orkney

Young People's Befriending Project Application Form

1 Contact Details

Name:		Over 18?	
Address:			
Postcode:			
Tel (home):			
Tel (work):			
Mobile:			
Email:			

2 Volunteering and You

a) Are you new to volunteering? yes no

If no, what volunteering have you done in the past?

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b) Which of the following would you hope to achieve by volunteering with the Young People's Befriending Project?

Meet new people	
Use spare time well	
Help me into paid work/learning	
Help learn new skills	
Make a difference to someone else's life	

Increase confidence	
Improve my health	
Share my interests with others	
Help my community	
Other (please say what)	

c) What interests and hobbies do you have that may be relevant to befriending?

d) Do you have previous experience of working with young people? Please tell us about this.

e) Why would you like to become a volunteer with the Young People's Befriending Project?

f) What qualities do you think you have that would benefit a young person who needs a Befriender?

- g) Commitment – Befrienders are expected to undergo training and commit to a minimum of 6 months befriending, once successfully matched to a young person. Visits/outings normally take place on a weekly, but flexible basis. Befrienders are also required to attend regular support meetings with the Co-ordinator after the first 6 weeks, and reviews will then be carried out every 3 months thereafter.**

Can you agree to this level of commitment? yes no

h) Support Needs

If you require support to enable you to volunteer, please (if you wish) provide details:

3 Emergency Contacts

Please provide details of who we should contact in the event of an emergency:

First Contact		Second Contact	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Relationship:		Relationship:	

4 Disclosure Checks

As the Befriending Project works with vulnerable young people, all volunteers are subject to an Enhanced Disclosure Check.

Please indicate whether or not you would like more information about the disclosure process:

yes no

5 About You

- a) **Gender** are you **male** **female**
- b) **Age** are you 16-25 26-35 36-55
56-70 over 70
- c) **Which one of these best describes your situation?**

In full time paid employment	<input type="checkbox"/>	In further education/training	<input type="checkbox"/>
In part time paid employment	<input type="checkbox"/>	At school	<input type="checkbox"/>
Self employed	<input type="checkbox"/>	A carer	<input type="checkbox"/>
A full time parent	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Other (please explain)			

6 Transport (Volunteers mileage expenses are paid by the Project)

Do you have a current driving license and access to a car that you would be willing to use for befriending outings?

yes no

7 References

Please provide the names of two referees who have known you for at least one year, and would be able to comment on your suitability to volunteer as a Young Person's Befriender. They should not be family members.

First Referee		Second Referee	
Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
Relationship: e.g.: friend, employer	<input type="text"/>	Relationship: e.g.: friend, employer	<input type="text"/>

8 How did you hear about the Befriending Project?

Poster	<input type="checkbox"/>	Website	<input type="checkbox"/>
Leaflet	<input type="checkbox"/>	Someone told you	<input type="checkbox"/>
Local newspaper	<input type="checkbox"/>	Local radio	<input type="checkbox"/>
Other (please explain)			

9 Equal Opportunities Monitoring

Ethnicity - Would you describe yourself as being:

White

British

Irish

Other:

Mixed

White and Black Caribbean

White and Black African

White and Asian

Other:

Asian or Asian British

Indian

Pakistani

Bangladeshi

Other:

Black or Black British

Caribbean

African

Other:

Other Ethnic Group

Other

Other:

10 Your Signature

I confirm that the information that I have provided is correct, to the best of my knowledge.

Signature: _____

Date: _____

Data Protection Act

The information you have provided will help us to ensure Befriending is for you, and allow us to monitor the quality of our service. Your personal details will not be given to anyone without your express permission, unless it is necessary to do so to comply with the law or police investigations. Information about your postcode, gender, ethnicity, status, disability, may be disclosed to, for example, our funders, but will be in statistical form only and not in any way that identifies you. All information will be held on our database and used in accordance with the Data Protection Act 1998.

contact us



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