Volunteer Befriender Application Pack

Castle Furniture Project

Tom Rodger Mill

Burnside

Cupar

KY15 4DQ

Mobile 07787322453

Landline 01334 654445

Dear prospective volunteer

Thank you for your interest in volunteering with Castle’s Befriending Project as a volunteer befriender.

If you would like to take your interest further and join our team of befrienders, we would be very grateful if you could fill in the attached Befriender Registration Form and return it to the above address or fill in on line and e-mail to lesleyhaycock@castlefurniture.org

Once we have received your completed Registration Form the volunteer coordinator will get in touch with you to arrange a date for an informal interview and disclosure check.

To assist the coordinator with the disclosure check would you please ensure that you bring the relevant documents along to the informal interview. These documents are outlined on the page titled ‘Information about Disclosure Checks’ which is included in this Pack.

If you have any queries on this process or would like to learn more about us as a charity please do not hesitate to give us a call and we will be happy to answer any questions you may have.

We look forward to hearing from you.

Contained within this pack you will find:

* Cover letter
* Volunteer befriender registration form
* Role description
* Person specification
* Information about disclosure checks

Kind regards

Lesley Haycock

Volunteer Coordinator

Registered in Scotland as a Charity No. SC032594

A Member of Befriending Network (Scotland)

# VOLUNTEER BEFRIENDER REGISTRATION FORM (CONFIDENTIAL)

Many of the questions on this form are to help us match your experience and interests with the needs of the clients.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Befriender Name: |  | | Title: |  |
| Date of Birth: |  | | | |
| Address: |  | | | |
| Postcode: |  | | | |
| Telephone (Home): |  | Telephone (Mobile): | |  |
| Telephone (Work): |  | | | |
| Email Address: |  | | | |
| Best Time to Contact: |  | | | |
| Where did you hear about us?  (Circle relevant) | Press article / Press advert / Display / Leaflet or poster / In Store/ Word of mouth / Website / Twitter/ Facebook / Other | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| What motivated you to volunteer as a befriender? Please tick all that apply. | | | |
|  | | | |
| Desire to help others |  | Empathy /connection to the client group/cause |  |
| Develop skills |  | Know someone who has benefited from befriending |  |
| Gain experience |  | Overcome own loneliness and isolation |  |
| Utilise my skills |  | Castle Befriending seemed a good organisation to support |  |
| Make a difference |  | Improve the community |  |
| Other (Please specify) |  | | |

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| --- |
| Past/Present employment/occupation: |
| Relevant experience and training (especially in voluntary work): |
| Personal Background: |
| Hobbies and Interests: |
| Health (Are there any points we should note?) |

|  |  |  |
| --- | --- | --- |
| Transport Details | | |
| Do you hold a current drivers licence? | Yes/No | Delete as appropriate |
| Do you have use of a car? | Yes/No | Delete as appropriate |
| Please state the area you are willing to visit, e.g. anywhere in NE Fife, ST Andrews Area, Coast Area, Cupar Area Newburgh Area, Falkland/Ladybank Area, Tayport/Wormit Area: | | |
| I agree to notify my insurance company regarding the use of my car in my voluntary capacity and allow the volunteer coordinator to view the policy. Most insurance companies do NOT charge for this service, but may charge a small admin fee. If they do Castle would reimburse any reasonable expenses incurred. | | |

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| Availability |
| Generally, befrienders visit once a week or fortnightly. There may be times you are not available. Please specify: |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |  | | AM |  |  |  |  |  |  |  | Y = Preferred Times | | PM |  |  |  |  |  |  |  | X = Not Available | | EVE |  |  |  |  |  |  |  |  | |
| Please state how often you are prepared to visit: Weekly / fortnightly / other (Please specify) |

Our introductory training is normally held over two days and you will be required to attend.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Matching Preferences | | | | | | | | |
| Please indicate below any preferences you have about the type of person you might befriend:  Please circle as appropriate. | | | | | | | | |
| Man / Woman / No Preference | | | | | | | | |
| Smoker / Non Smoker / Either | | | | | | | | |
| Would you be happy befriending someone who has: | | | | | | | | |
| Hearing Difficulties | | Yes / No | | Visual impairment | | | Yes /No | |
| Learning difficulties | | Yes / No | | Physical disabilities | | | Yes / No | |
| Mental health problems | | Yes / No | | Dementia | | | Yes / No | |
| If you have use of a car, are you willing/able to carry… | | | | | | | | |
| Passenger(s) | Yes / No | | Wheelchair | | Yes / No | Zimmer Frame | | Yes / No |
| Would you feel able to take someone out… | | | | | | | | |
| For a walk | Yes / No | | In a wheelchair | | Yes / No | Using a walking frame | | Yes / No |
| Would you be happy to visit the home of the owner of: | | | | | | | | |
| Cat | Yes / No | | Dog | | Yes / No | Please specify any other pet issues | |  |

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| Are there any other comments that you feel would be helpful to the coordinator when considering a match between yourself and a Client? |

You will understand that the people who benefit from volunteer help are, in some ways, vulnerable. In recruiting volunteers we have an obligation to protect these people and our volunteers. For this reason we ask you to give details of two people who are willing to act as referees. One referee should be your present or most recent employer (if within 5 years) or other professional person. One of the referees must have known you for a minimum of 2 years. Family members should not be given as a referee.

|  |  |  |
| --- | --- | --- |
| Referee 1 | | Referee 2 |
| Name: |  |  |
| Address: |  |  |
| Postcode: |  |  |
| Telephone: |  |  |
| Email: |  |  |
| Occupation |  |  |
| For office use: | | |

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| --- |
| Declaration |
| I certify that the information provided is true and accurate and in particular that I have not omitted any facts which may have a bearing on my application.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In accordance with the Data Protection Act, I agree that Castle Furniture may hold and use personal information about me for befriending reasons and to keep in touch with me. This information, including that contained in this form can be stored on both manual and/or computer files. It will be held securely and only accessed by authorised persons  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Role Description – Volunteer Befriender (unpaid) |

Castle Furniture Befriending Project’s aim is to provide social contact for older people living independently or with some support in the community.

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| --- | --- |
| Role Description | |
| **Role Title** | Volunteer Befriender |
| **Location** | The volunteer will be expected to visit a client within an agreed area from home and take a client out if appropriate. |
| **Hours** | Hours are flexible but agreed to suit both volunteer and client. Significant changes should be discussed with the coordinator. |
| **Travelling Expenses** | **Car use:** A volunteer is entitled to claim a mileage allowance for visits to the befriending offices, induction, training, evaluation and support. Unfortunately the charity cannot pay for travelling expenses incurred during your agreed activities with your client.  **Bus:** A volunteer may reclaim bus fares to the befriending offices, induction, training, evaluation and support subject to submission of receipts. Unfortunately the charity cannot pay for travelling expenses incurred during your agreed activities with your client.  Other forms of travel costs should be discussed with the coordinator in advance. |
| **Other Expenses** | If a volunteer takes a befriendee out for light refreshments (e.g., tea/coffee, meal, cinema tickets) both parties should pay for their own. |
| **Purpose of Role** | To befriend an elderly person/vulnerable person in the North East Fife area. |
| **Reporting** | The volunteer will report to their volunteering coordinator. |
| **The Role of the Befriender**  **All volunteers will be expected:**  **The activity of a volunteer will vary according to the specific needs of each befriendee but could include:** | The volunteer will be expected to visit a client within an agreed distance from home and take a client out if appropriate. |
| * To follow the policies, procedures and guidelines as established by Castle * To maintain the confidentiality of the befriendee * To claim expenses only as agreed * To consult their coordinator and report situations as they arise * To be reliable and fulfil their befriending agreement * Not to engage in any activity which requires specialist training or qualifications not held, i.e. administrating medication * To attend training events and volunteer meetings wherever possible * To give reasonable notice before leaving Castle and an established ‘friendship’ |
| * A home visit – for chat over coffee, to accompanying your befriendee on a walk, shopping or other outing. * Sharing a hobby or interest with your befriendee e.g. going to the cinema, visiting another city/town * Taking your befriendee out for a car ride, for coffee or lunch * Driving a befriendee with mobility problems to somewhere where they can access a wheelchair to look around with your help * Giving a befriendee with limited sight or dementia the chance to go for a walk |
| Information about Disclosure Checks | |

Castle Furniture is required to request a disclosure of their PVG Scheme Record from everyone applying for regulated work with adults. Disclosure checks need to be updated every three years.

The application form is to be completed in consultation with the Volunteer Coordinator. In order to complete the form it is necessary for the coordinator to see the following documents:

* Birth Certificate
* Passport (if held)
* Driving License (if held)
* Two address related items of evidence to verify current address

**(Both must be addressed to the applicant and must be less than 3 months old):**

e.g. Bank/Building Society statement, utility bill, credit or store card statement, pension or other benefit book, visa, work permit, correspondence from Benefits Agency, Inland Revenue or Local Authority.

The coordinator will require to see at least one item of photographic ID evidence. If neither a passport nor driving license with photograph is held then an alternative form of ID must be supplied, e.g. staff ID card.

It is also necessary to provide the following information:

* National Insurance Number
* Residential addresses over the past 5 years
* Most recent Scheme Record (if you are, or have been a member of the PVG scheme)

**All fields on the application highlighted in yellow must be completed.**

Disclosure checks generally take around 6 – 8 weeks. Once the check has been completed Castle and the volunteer will both receive a PVG Scheme Record. Any convictions shown on the certificate will be discussed by the volunteer and coordinator and may not automatically exclude the volunteer from befriending, depending on the nature of the conviction. It will not be possible to match a volunteer with a befriendee until a satisfactory check has been carried out.