

## Volunteer Application Form.

Thank you for your interest in Ecas Befriending Project. Please complete this application form and return it to:

**Ecas Befriending Project.  
Norton Park.  
57 Albion Road.  
Edinburgh.  
EH7 5QY.**

We will acknowledge receipt of your application, and you will be contacted by the Befriending Project Coordinator, Claire Lawrie, to agree a date for interview. If you have not heard from us within one month, please contact us on 0131 475 2344 or email: [claire.lawrie@ecas-edinburgh.org](mailto:claire.lawrie@ecas-edinburgh.org)

### Contact Details

Name:			
Address:			
			Post Code:
Telephone	Home	Work	Mob
Emergency contact:			
Email:			

Information provided will be kept confidential in accordance with the Data Protection Act. The information you provide on the following pages will be used to aid discussion at our next meeting and assist in the matching process.

Are you working, studying, volunteering anywhere else, retired or not in work at present? Please give details:

What hobbies or leisure activities do you enjoy?

Do you have any previous volunteering experience, and if so, what?

What do you see yourself doing as a befriender?

What interests you about the people we work with? Please include any personal experience of this client group:

Commitment:  
Do you have any work/ personal commitments which may restrict your availability?

**PLEASE X ANSWERS**

The minimum commitment to befriending is 2 hours a week, for one year, times are negotiable – would this be manageable for you?

YES / NO

Please specify availability:

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
A.M.							
P.M							

Driving

Do you have a current license? YES / NO

Do you plan to use your car to transport your befriender? YES / NO

Do you have any penalty points? YES / NO If so, how many?

N.B. All befrienders who intend to use a motor vehicle in connection with their befriending role must provide evidence of an approved license and adequate insurance cover. Ecas is required to keep a copy of the license and insurance certificate. You must also inform your insurance company advising them of the nature of your voluntary work.

Travel expenses will be reimbursed at current rate.

Health / Disabilities

To the best of your knowledge, do you have any health / disability issues which might affect your role as a befriender? YES / NO

This information will help us with any considerations which may need to be made to access training and to facilitate the match.

If yes, please give details:

Rehabilitation of Offenders Act 1974

Disclosure Check

As our befrienders work unsupervised with vulnerable adults, we are required to initiate a police check on all applicants through the Scottish Criminal Records Office. Upon the completion of training, successful applicants will be asked to fill in a disclosure form which will inform the project of any convictions against you. Depending on the nature of any convictions, this will not necessarily prevent you from undertaking befriending. There will be the opportunity to discuss the disclosure procedure in confidence at our next meeting.

References

Please provide contact details for two people who can comment on your suitability for this volunteering role, they must not be family or partners:

CHARACTER	PROFESSIONAL
NAME:	NAME:
ADDRESS:	Address:
TEL No:	TEL No:
Occupation	Occupation
In what capacity do you know this person?	In what capacity do you know this person?

Confidentiality

The above information will be kept securely in the strictest confidence under the requirements of the Data Protection Act 1998. You are entitled to view this information within the project. If you have any objections to the project holding your data, please inform the project. Non-personal and non-specific data may be used for statistical purposes.

Declaration

I declare that the information I have provided is correct to the best of my knowledge. I understand that my personal data will be held in confidence in accordance with the Data Protection Act 1998

Signature: .....

Date: