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| **THE SOUNDING BOARDS NETWORK VOLUNTEER APPLICATION FORM** |
| **Personal details** |
| \*Full Name: |  |
| \*Preferred name: |  |
|  Address: |  |
|  Postcode: |  |
| \*Tel no: |  |
| \*Email address:  |  |
| \*Date of birth: |  |
| \*Do you have any additional needs? |  |
| \*Please provide emergency contact details |  |
| **General Information** |  |
| Why do you want to volunteer for The Sounding Boards Network? |  |
| How did you hear about The Sounding Boards Network? |  |
| **Types of volunteer role** |  |
| Are you interested in a volunteer office role?  | Yes/ No |
| Are you interested in supporting members of the Network? | Yes/ No |
| **We ask that volunteers agree to volunteer for a minimum period of 4 months** |
| \*Can you commit to this?  | Yes/ No |
| \*If not, how long can you volunteer for? |  |
| **Safeguarding** |
| We require an Enhanced DBS certificate for all roles which involve contact with / knowledge of our members.\*Do you have an Enhanced DBS certificate and are you signed up to the DBS Update Service?If yes, we will need to meet with you to see your certificate and supporting ID documentation and obtain satisfactory references before you start volunteering.If not, we can arrange for you to obtain a DBS certificate on receipt of satisfactory references.Our policy on the recruitment of ex-offenders will be sent to all volunteer applicants. Please note that having a criminal record will not necessarily bar you from working with us. | Yes/ No |
| \*Please provide the name, address and contact number / email for two character referees who have known you for at least 2 years and are not related to you.  | Referee 1:Referee 2: |
| **Extra information to help us match you to a member** |
| Have you volunteered before? If so, in what capacity? |  |
| \*Do you have any hobbies or interests? |  |
| \*Do you have experience of supporting people with additional needs? |  |
| **Data Protection** |  |
| Our Privacy Statement is available on our website on the Contact Us Page or on request. This explains how we use and protect any personal information we collect about you for the purposes of providing our services. The sections on this form which are marked with an asterisk ask for information we require in order to be able to provide our services while the other sections ask for information that is helpful to us in providing our services. |
| **\*Please read and sign**I would like to apply to volunteer for The Sounding Boards Network and commit to a minimum period of 4 months. [For volunteers supporting Network members], I will call the member/s I am assigned to once a week for up to an hour at a mutually agreed time for an initial period of four weeks. I will prevent my telephone number being known to the member by dialing 141 before I telephone them. I will not share any member’s contact details with anyone else.Signature: ………………………………………………..Date: …………………………………………… |
| Many thanks for completing this form and applying to be a volunteer for The Sounding Boards Network. Please email it to info@thesoundingboardsnetwork.org We are a small team but aim to be in touch within 5 working days. If you have any questions, please call 0203 951 8779 or email us at info@thesoundingboardsnetwork.org |