

**Befriending Service**

**Volunteer Registration Form**

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| Name: |
| Address:Postcode: |
| Telephone (most likely to be able to contact you on): |
| Email : |

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| Why would you like to become a volunteer befriender with Move On? |
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| Please give details of any previous volunteering experience. |
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| Please give us a brief history of any previous employment, (**it does not have to been work with homeless people or other vulnerable groups).** |
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| Please detail any **courses** you have attended or any **skills/ life experience** that you have which you feel are relevant to being a befriender. |
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| What days and times would best suit you for meeting with a befriendee? |
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**REFERENCES**

Move On is an organisation that works with young people and vulnerable adults and we are bound by child protection guidelines to maintain the health and safety of our service users at all times. As such need to ensure that we are not placing our befriending service clients in a situation where they might be deemed to be at risk.

We would therefore ask you to supply us with names of two referees we can contact for an informal reference who can comment on your ability and suitability to become a befriender.

References will be asked for in writing, but we also reserve the right to seek verbal reports from them where appropriate. Relatives are unacceptable but we will accept references from friends.

Referee 1 Referee 2

|  |  |
| --- | --- |
| Name: | Name: |
| Address:Postcode: | Address:Postcode: |
| E-mail: | E-mail: |
| Occupation: | Occupation: |
| Relationship to you: | Relationship to you: |

**CRIMINAL RECORD CHECK**

We are committed to ensuring the safety and wellbeing of the people choosing to be involved in the service and who may come into contact with you. The recruitment and selection process for volunteers working with vulnerable people is therefore rigorous and incorporates a number of pre-registration checks.

As the work of the Befriending Service meets the requirements in respect of exempted occupations under the Rehabilitation of Offenders Act 1974, all volunteers will be subject to an enhanced criminal record check from Disclosure Scotland before volunteering can start. This will include details of convictions, cautions, reprimands or final warnings.

At the start of the training you will be asked to fill in a disclosure form which will inform us of any police investigations/actions against you. There will be plenty of opportunity to discuss the disclosure procedure in confidence with us.

With some exceptions, having a criminal record will not necessarily bar an individual from volunteering with us. This will depend on the nature, the circumstances, and background of the offences.

**DATA PROTECTION**

We respect your privacy. The data we gather and hold is managed in accordance with the Data protection Act (1998) and GDPR. We will not disclose, or share personal information supplied by you, with any third party organisation without your consent. Any data held on you will be used only for the purpose it was requested.

Data you have supplied will be held in a safe, secure location with access only to those with permission. You are entitled to view this information.

The information requested on this Registration Form has two purposes:

* It forms the first part of the process of assessing whether there is a match between the volunteering opportunity that we offer and what you are looking for/offering.
* It also forms part of a rigorous process for ensuring that you are not a risk to the safety and wellbeing of the people involved with the Service. Their health and safety is paramount to us. Any concerns we might have will be discussed openly with you.

**DECLARATION**

I confirm that the information I have given is correct and complete to the best of my knowledge and that any false statements or omissions may render my services to be terminated.

I also confirm that I am not disqualified from working with children or vulnerable adults. Because of the sensitive nature of the duties I will be expected to undertake in this role, I understand that an enhanced criminal record check will be sought.

I understand and agree that data contained in the registration form will be used for volunteer registration purposes and may be held in confidence on a computer database. I agree to Move On holding the information in this form.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to fill in this form, we will be in touch soon.