

Volunteer Application Form



Let's BeFriends is a befriending agency for people who are homeless, at risk of homelessness or recently rehoused. We are made up of volunteers who offer companionship and social support such as: a walk, coffee, chat, help to get and stay in touch with services, attending appointments.

Let's BeFriends will keep the information you share with us safe according to General Data Protection Regulation. We will not pass information to anyone outside the organisation without your consent.

Name	
Title / pronouns	
Date of birth	
Address	
Contact number(s)	
Email address	

A little more about you

At Let's BeFriends we believe that the growth and wellbeing of our volunteers is as important as those we are befriending

<p>Do you have lived experience of homelessness / the pressures of homelessness (i.e. addiction / poor mental health / debt etc.)? (Please tick relevant box – if you have personal lived experience, please write “personal” next to YES and if you have supported someone with lived experience, please write “secondary” next to YES)</p>			
YES		NO	

IF YOU HAVE TICKED YES:

Lived experience is valued, but Let's BeFriends volunteers are required to have six months post recovery from addiction / mental health crisis before we can match them with someone to befriend.

Please can you tell us what makes you interested in volunteering for Let's BeFriends. For example, a bit more about your lived experience? (If you have been in recovery, please tell us for how long)

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It helps with finding the correct match if we know a little bit about you. Please use the space below to tell us about any hobbies and interests

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We have a variety of volunteer opportunities available - use this space to tell us how you would like to support us - i.e., befriending / fundraising / driving a van to transport goods / helping with IT skills / admin etc.

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If interested in befriending, what would be your preferred match criteria?

	Please tick the relevant box which you think suits you best.
COMPLEX NEED: this could include supporting street homeless people with active substance misuse	
MEDIUM NEED: this could include helping to sustain tenancy, help with bills etc.	
LOW NEED: This could include going for walks, coffee, cinema etc.	

The majority of our beneficiaries are single adults and all our volunteers are required to complete mandatory adult safeguarding training before a befriending relationship can begin.

Some of our referrals are for families: volunteers supporting beneficiaries with children are required to undertake additional child safeguarding training. Please let us know who you would be willing to befriend:

Single adults without children		Parents and carers	
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Do you drive and have access to a vehicle?

YES		NO	
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We operate in the Lancaster and Morecambe district – please tick which areas you are happy to volunteer in

Lancaster		Morecambe	
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We ask our befrienders to commit to a minimum of three-hours per week but have other types of volunteering roles which may be more ad hoc (i.e., helping at our IT Drop In for 2 hours per month or assisting with removals as and when needed). Please use this box to tell us which days and times you would be available to volunteer

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All our volunteers need to undergo an enhanced Disclosure and Barring System (DBS) check. Please use this box to tell us whether you have an existing DBS check – if you do, please let us know your DBS certificate number and whether you are registered with the DBS update service

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Do you have access to a computer?

YES		NO	
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Do you need support with Information Technology?

YES		NO	
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EQUALITY AND DIVERSITY – *the Equality Act 2010 sets out the following protected characteristics - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.* We are a small organisation and therefore cannot guarantee any particular match, but we invite you to use this box to detail any concerns or preferences you would like the panel to consider when matching befrienders to beneficiaries. Please note that leaving this box blank will have no influence on ability to volunteer with us:

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Next of kin / emergency contact

Name	
Address	
Contact number	

Signature (electronic ok)		Date	
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Please email your complete form to: lbflancastermorecambe@gmail.com or
pass to a member of staff **Registered Charity Number 1199161**