 Befriending Service

Befriender Application Form

|  |  |
| --- | --- |
| Name  |   |
| D.O.B  |   |
| Address  |
|   |
| Tel:  |   |
| Email:  |   |

1. Where did you hear about Western Alzheimers Befriending Service recruitment of volunteers?

1. How many hours per week/month can you offer as a volunteer? (Please specify).
2. What is the minimum duration that you can commit to E.g.: 6 months, 12 months 18 months, 2 years?

1. When are you available to volunteer? (Mornings, afternoons, evenings, weekends? (Please specify).

1. Have you ever worked as a volunteer? Yes/No. If yes, where did you volunteer? What volunteer work did you do?

1. Please provide some information here about yourself e.g. what you work at, any qualifications etc. (Attach a CV if this is more convenient).

###  Befriending Service

### Volunteer Application Form

1. Please list also your experience and skills. This information will allow us to match these to the tasks, activities for which we require volunteers.

1. Have you experience of working with older people, people with a cognitive impairment, etc.? If yes, please provide details.

1. What would you like to get from the experience of volunteering?

1. As a prospective volunteer, do you have any medical needs about which we should be aware?
2. Are you open to bringing your service User/Friend out in car? If yes, you agree to advise and get approval from your insurance company.
3. Do you drive? If so, are you willing to bring your new friend in your car? In doing so you will need to check with your insurance company about insurance cover.

1. Do you have any questions or comments?

By completing this form, you are agreeing to Western Alzheimers

retaining a file on you for the duration of your Befriending role with us.

Tick to consent

Are you open to been contacted about other Volunteer opportunities

with Western Alzheimers such as Church Gate Collections,

information stands etc

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed application to:

Western Alzheimers, Ballindine, Claremorris, Co. Mayo. F12 PY99