**BeFriend Kildare**

**Volunteer Application Form**

**Section 1 :** **PERSONAL DETAILS**

**(Please use block capitals)**

**Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**Please sign here that you agree to the terms and conditions set out in your training with Older Voices Kildare:**

**Section 2: Volunteering with BeFriend Kildare**

**Why would you like to volunteer as a befriender?**

**Do you have previous experience of volunteer work?**

**Have you ever worked with older people? If yes please give details.**

**What hobbies or interests do you have (this will help us to match you with a person possibly with similar interests).**

**Section 3: Being a Visitor**

**What area are you available to carry out visits in?**

**Which days of the week are you available to visit?**

**What time of day is the most suitable for you to visit, i.e morning, afternoon, or evening?**

**Is there anything you are uncomfortable with, i.e. Pets, smoking, Other (please specify)?**

**How did you hear about BeFriend Kildare?**

**Section 4: Referees**

**Please provide names and contact details for two people who will provide references for you. Referees should not be family members or both from the same organisation / employment.**

Referee 1 : Referee 2:

Name: Name:

Address: Address:

Phone Number : Phone No :

Relationship to referee: Rel. to referee:

**Do you agree to a process of Garda vetting and training to become a volunteer befriender?**

**Signed:**  **Date :**

**Volunteer Contract**

We appreciate your commitment to us and will do the best we can to make your volunteer experience with us enjoyable and rewarding. To make sure you have the best possible experience we have created this agreement which sets out our commitment to you and what we hope you can contribute.

 To facilitate this, you can expect the following from us:

* To be given meaningful work to do
* To know what is expected from you
* To be offered appropriate training
* To be appreciated
* To receive support and supervision
* To know who to go to if you have a concern.

To ensure the best outcome we expect the following from you:

* A commitment of at least 6 months
* To respect the values and aims, and boundaries of the service
* To attend training and support sessions
* To undertake Garda Vetting
* To be reliable and punctual
* To treat people with respect and dignity
* To maintain confidentiality
* To feedback any issues of concern regarding the older person

I, \_\_\_\_\_\_\_\_\_\_\_\_\_ agree to volunteer with Older Voices Kildare and am committed to the following:

* + Performing my volunteering role to the best of my ability.
	+ Following the policies and procedures of Older Voices Kildare.
	+ Maintaining the confidentiality of Older Voices Kildare
	+ Providing references and to agree Garda Vetting, as required.
	+ Maintaining the boundaries outlined to me during training.
	+ Letting Older Voices Kildare know if I am unable to continue volunteering.

This agreement is not intended to be a legally binding contract between us and may be stopped at any time by either party.

 Signed: Volunteer Signed : Older Voices Kildare