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**Rescare Befriender**

**Volunteer Application Form**

**Thank you for thinking of Rescare**

**Please return your completed application form to:** **nicola@rescare.org.uk**

Rescare was founded in 1984 by parents and friends of people affected by the closure of large NHS hospitals for people with learning disability. Run “by families for families”, Rescare is based in Stockport and has members all over the UK.

We are seeking volunteers to support and provide peace of mind to elderly parents and family of people with learning disabilities.

Volunteers will meet regularly with their families, assisting and enabling them to lead happy and fulfilling lives.

**To be a befriender you need to:**

* Volunteer on a regular basis (there is an element of flexibility with this depending on your own schedule and the family/relative’s needs).
* Commit to the befriending a family for at least 12 months.
* Be reliable and consistent.
* Be over 18 years old.
* To undertake a Basic DBS check (\*which Rescare will fund)
1. **About You**

Title:

First name:

Last name:

Address:

Postcode:

Contact Number:

Email:

1. **Why are you interested in becoming a befriender and what skills can you offer?**

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1. **Tell us about you and any work in the community you have participated in?**

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1. **Are there specific skills/experience you hope to gain by volunteering?**

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**5. Please indicate when you would be available to volunteer (days/ times)**

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**6. Are you prepared to travel within 10 miles for your befriending role? (N.B. travel expenses are paid).**

**□ Yes, I have access to a car and could travel**

**□ Yes, I could use public transport**

**□ No**

**7. Are you prepared to communicate via the following? (Tick more than one option)**

**□ Telephone**

**□ Text Messages**

**□ Email**

**□ Zoom**

**8. Under the Rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?**

Yes No

If you have ticked yes, please give us the details on a separate sheet and send with this form. Having a conviction will not necessarily stop you from volunteering, but it will need to be taken into consideration when assessing your suitability. For this role we will request a check from the Disclosure Barring Service for an Enhanced DBS check before work begins.

**9. Declaration**

**I confirm that the information** given on this form is, to the best of my knowledge, accurate. I always agree to abide by the policies and procedures of Rescare and I agree to maintain confidentiality. I give my consent for Rescare to process the information given in accordance with GDPR and the Data Protection Act 2018.

Signature:

Date:

All information supplied to Rescare will be treated in the strictest confidence.

Thank you very much for your interest in Rescare

**Rescare**

The Society for Children and Adults with Learning Disabilites and their Families

19 Buxton Rd, Stockport, Cheshire, SK2 6LS

Email: nicola@rescare.org.uk Website: [www.rescare.org.uk](http://www.rescare.org.uk)

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