**Befriender Registration Form**

**Our aim is “To reduce loneliness and isolation among older people living in their own homes.”**

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| **Name** |  |
| **Address** |  |
| **Telephone Number:** |  |
| **E-mail:** |  |
| **Date of Birth:** |  |

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| **Emergency Contact Details** |
| Name |  | Name |  |
| Phone number |  | Phone number |  |
| Relationship |  | Relationship |  |

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| **References**Please provide 2 referees that you have known for at least 1 year – but not family members |
| Name |  | Name |  |
| Address |  | Address |  |
| Email |  | Email |  |
| Relationship |  | Relationship |  |

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| **What type of befriending are you interested in?** (tick all that apply)**One to One Group Phone**  |

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| --- | --- | --- | --- |
| **Availability** | Morning | Afternoon | Evening |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday  |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

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| **I confirm that all the information provided is correct.**SignatureDate |

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| **What hobbies and interests do you have?** |

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| **What qualities do you possess to become a befriender?** |

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| **Support Needs**If you require support to enable you to volunteer, please provide details. |

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| **Transport** (volunteer mileage expenses are paid by the Befriending Service) |
| Do you have a current driving licence & access to a car that you’d be willing to use whilst befriending? Yes No |

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| --- | --- | --- |
| **About You** | **Gender** | **Age** |
| **Please select from the following:** |
| White | Asian | Black | Mixed | Other |
|  |
| Full time employment | Receiving benefits | School |
| Part time employment | Asylum seeker | Self-employed |
| Further education/training | Unemployed | Other |

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| **How did you hear about VAO Adult Befriending:** |
| Poster | Newspaper | Website | Facebook |
| Leaflet | Radio | Word of mouth | Other …………………… |

