



Supportive Communities Befriending Project

Volunteer Befriender Application Pack

The information in this booklet will be treated in the strictest confidence

Name

Address

Date of Birth

Telephone Number

E-mail address

Emergency Contact Information.....

Please answer the following questions as comprehensively as you can to enable us to evaluate your suitability as a Volunteer Befriender.

1. Why do you want to be a Volunteer Befriender?
2. What skills and personal qualities do you feel you can bring to the role?
3. Do you have any previous experience or knowledge of supporting vulnerable adults?
4. Do you have any prior experience of voluntary work?
5. Where did you hear about Supportive Communities?

Experience of physical or mental health issues

Would you describe yourself as someone who is experiencing or has experienced physical and/or mental health issues?

Would you describe yourself as someone who is using or has used mental health services?

Do you consider yourself to be disabled or have any support needs? If yes, please specify

If you answered yes to any of the above questions, please say how Supportive Communities can support you in your volunteer role

Please send this completed application form to:

Paul Haggerty

Supportive Communities

7 ½ John Wood Street

Port Glasgow

Inverclyde

PA14 5HU

Tel: 01475 553372

Please mark your reply PRIVATE & CONFIDENTIAL