**For office use only**

**VOLUNTEER APPLICATION FORM**

Initial meet:

DBS:

DBS No:

**Personal Details:**

|  |  |
| --- | --- |
| Name |  |
| Address (including post code) |  |
| Email Address |  |
| Preferred telephone no. |  |
| Alternative telephone no. |  |

**Emergency Contact Details:**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Telephone number/s |  |
| Email Address |  |

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**Which volunteer role are you interested in doing?**

Day Centre Assistant Women’s Drop-in Assistant

BLAZE Evening Street Outreach SAL Afternoon Street Outreach

Mobile Van Outreach Prayer Supporter

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|  |  |
| --- | --- |
| Current Occupation |  |
| Skills and/or experience relevant to working with people with complex needs |  |
| Relevant Training completed |  |
| Relevant hobbies/interests |  |

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**At what times are you available:** Please tick as appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Times | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Evening |  |  |  |  |  |

Do you drive? Yes No

Do you have the use of a car? Yes No

Can you offer lift sharing? Yes No

**Due to health and safety and other organisational policies, we need to ask the following questions:**

* Are you over 18 years of age? Yes No

Please provide your D.O.B:

* Have you been vaccinated against COVID-19? Yes No
* Have you ever been homeless? Yes No
* If yes, how many years since you have had permanent accommodation of your own?
* Do you have a history of drug or alcohol addiction? Yes No
* If yes, how many years have you been clean? Yes No
* Are you sympathetic towards the Christian ethos of Yes No

Off the Fence charity?

* Would be comfortable praying with people in Yes No

need of prayer?

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**Volunteer Boundaries**

Engaging with people who are vulnerably housed and/or with complex needs can present high risk to personal safety. We therefore ask that you read and fully commit to abiding by the following Volunteer Boundaries. Please mark your initials in the relevant boxes below once you have read and understood each commitment.

When engaging with clients/vulnerable people you meet in the center/on the streets:

1. Do not give out money
2. Do not impose your faith on them
3. Do not try to coerce them to attend your church
4. Do not engage or stay in a situation where drug dealing is going on
5. Avoid physical contact (this includes hugs, kisses and laying hands on them when praying or otherwise)
6. Do not give out your mobile phone number

1. Do not give your address, street name or home phone number
2. Do not take people on the streets or day center visitors/clients home with you
3. Do not make promises that you cannot keep (i.e. duty of care for safeguarding)

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**Please supply details for 2 character references - this must be someone who has known you and had regular contact with you for at least 6 months; and could be a friend, work colleague or supervisor in a trusted position in the community.**

**If you are part of a Christian community, we ask that you provide details of a church/community leader as one referee:**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Telephone number/s |  |
| Email Address/es |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Telephone number/s |  |
| Email Address/es |  |

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**Health Details**

|  |  |
| --- | --- |
| Doctor’s Name |  |
| Address |  |
| Telephone number |  |
| Email Address (as appropriate) |  |
| Allergies |  |
| Medical Conditions |  |
| Prescribed Medication |  |
| Disabilities/additional learning support needs |  |
| Anything else about your health and well-being that we may need to know |  |

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**Whilst volunteering with Off the Fence Trust and its Project Antifreeze, I fully commit to adhere to all Health and Safety, Safeguarding, Data Security and Confidentiality and Equality and Diversity policies.**

Signed: Date:

**I understand and agree with Project Antifreeze’s Aim’s and Objectives.**

Signed: Date:

**I declare that information given above is correct and that I have not omitted anything that is relevant to my potential volunteer work with Antifreeze.**

Signed: Date:

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**Please return this form via the contact details below:**

Address: Project Antifreeze, 37 Portland Road, Hove, BN3 5DQ

Email: [Antifreeze@offthefence.org.uk](mailto:Antifreeze@offthefence.org.uk)

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**Data Security (GDPR)**

The details on this form will only be used/held on record for the purposes of processing your volunteer application, monitoring volunteer activities in accordance with relevant Off The Fence policies and procedures and/or collating anonymous data for future funding.