**Ruils C19 Volunteer Form**

Ruils are committed to safeguarding and promoting the well-being of children, young people and adults. This will form part of your responsibility when undertaking any volunteering roles with us.

|  |  |
| --- | --- |
|  **Name**  |  |
| **Address**  |  |
|  |
|  |
| **E-mail Address**  |  |
| **Phone**  |  | **Mobile**  |  |
| **Emergency contact** |  | **Phone** |  |

I am would like to help with (please tick as many as apply):

* **Telephone befriending 󠆿**
* **Prescription Pick up 󠆿**
* **Shopping/Supplies drop off**

What time is better for you:

* **Morning**
* **Afternoon 󠆿**
* **Evening 󠆿**
* **Any time 󠆿**

Are you able to use any of these platforms (we may use them for volunteer briefings)

* **Microsoft Teams**
* **Zoom**
* **Skype**
* **FaceTime**
* **None**

How would you like us to keep in touch?

* **Email**
* **Phone**
* **SMS**
* **Whatsapp**

For more details on how we use and look after your personal information, read our privacy policy <https://www.ruils.co.uk/your-information/> If you change your mind at any time, please contact us on 020 8831 6083 or info@ruils.co.uk

**How did you find out about the volunteer role at Ruils?**

* Local whats app group
* BNI
* Friend of Ruils Staff/Volunteer Please enter their name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Social Media
* Word of Mouth

**Please provide the names of 2 referees who we can contact. They can be personal or professional referees but not family members.**

|  |  |
| --- | --- |
| **Referee 1 Name:** |  |
| **Nature of relationship:** |  |
| **Telephone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Referee 2 Name:** |  |
| **Nature of relationship:** |  |
| **Telephone:** |  |
| **Email:** |  |

**Do you have a DBS certificate:**

* Yes
* No
* Not sure

**Rehabilitation of offenders Act (1974) (Exemption Order 1975)**There is a pre-established period of time after which a person is classed as rehabilitated and their conviction is ‘spent’. As your role may involve supporting vulnerable groups it is necessary under the above order to ask the following:Have you ever been convicted of a criminal offence**?**

* **Yes 󠆿 󠆿**
* **No**

If yes, please give brief details: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Certain roles, will be subject to additional safeguarding checks (e.g. DBS)

|  |
| --- |
| I understand that under the provisions of the above Act I am required to reveal any convictions I have incurred. I will abide by the values and behaviours of Ruils, which includes safeguarding vulnerable people. I agree not to disclose confidential information about clients, their families and carers or the organisation, gained in the course of my involvement, to any outside party.**Signed: Date:****(electronic signature is fine)**  |

**If you need help completing this form please call 020 8831 6083 or email** **volunteering@ruils.co.uk**

**Please email your form back to** **volunteering@ruils.co.uk** **and copy in** **charliethefaut@ruils.co.uk**

* **All volunteers, please attach a scan or clear picture of a government ID, passport, driving license or freedom pass.**
* **If you are volunteering for the supplies/prescription services, please attach a clear headshot photo so we can make you up an ID badge - you will need this to pick up supplies. (If you are volunteering as a telephone befriender this is not a requirement.)**