**Volunteer Advocate Application**

We are currently recruiting volunteer advocates for our ever-expanding service and are looking for anyone who thinks they have the time and energy to support adults and/or children to express their wishes and preferences.

Full training and ongoing support will be given, and out of pocket expenses paid for mileage and activities.

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| 1. **Eligibility**
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| **Volunteers must:**1. *Be over 21.*
2. *Be able to work well with adults and/or children and young people.*
3. *Be reliable.*
4. *Agree to have a DBS clearance and other checks.*
5. *Be able to undertake relevant training as needed.*
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| 1. **About the Volunteer Advocate**
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| **Mr/ Mrs:**       | **Name:**       | **Date of birth:**       |
| **Tel:**       | **Email:**       | **Mobile:**       |
| **Current Address:**      **Postcode:**       |
| Job Title/ Organisation/ Contact Information:       |
| Do you have a vehicle? Yes [ ]  No [ ]  | Do you currently have a licence? Yes [ ]  No [ ]  |
| Is the vehicle insured? Yes [ ]  No [ ]  | Is the vehicle insured for business use? Yes [ ]  No [ ]  |
| 1. **Employment status**
 |
| Employed | [ ]  | Retired | [ ]  |
| Unemployed | [ ]  | Other:       |
| Voluntary worker | [ ]  |  |  |
| Occupation/voluntary work (if applicable)      |
| Employer (if applicable)      |
| What are your availabilities?       |
| 1. **Areas of interest**
 |
| People with a mental health need | [ ]  | Adults | [ ]  |
| People with a learning disability | [ ]  | Children and young people | [ ]  |
| People with a physical disability | [ ]  |  |  |
| 1. **How do you communicate?**
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| **Please give details of any communication adjustments that may need to be made.**Please include any communication aids required, any cultural/ spiritual requirements (prayer times) any physical health needs that require accommodation (wheelchairs access, limited mobility, etc)      |
| 1. **What activities do you enjoy**
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| Please give some information about yourself and any skills and personal qualities you could offer as a volunteer:       |
| Why would you like to volunteer with ASIST?:       |

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| 1. **Reference**
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| Please provide the name of a person who is willing to give a character reference. Referees should not be related to you. |
| Name:       | Tel No:       |
| Address:       |
| Relationship to you:       |

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| 1. **Diversity Monitoring**
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| **By completing the information below you can help us ensure our services reach everyone who needs them and inform how we might improve our service provision.** |
| **What is your gender?** | **Is your gender different from that assigned at birth?** |
| Male  | **[ ]**  | Yes  | **[ ]**  |
| Female  | [ ]  | No  | [ ]  |
| Non-binary  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Don’t know/prefer not to say  | [ ]  |  |  |
| Person’s own description:       |  |  |
| **What is your sexual orientation?** |
| Heterosexual/straight  | **[ ]**  | Gay woman/lesbian  | **[ ]**  |
| Bisexual  | [ ]  | Don’t know/prefer not to say | [ ]  |
| Gay man  | [ ]  | Person’s own description:       |
| **What is your ethnic group?** |
| *Asian or Asian British* |
| Bangaldeshi  | **[ ]**  | Pakistani | **[ ]**  |
| Chinese  | [ ]  | Another Asian background  | [ ]  |
| Indian  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| *Black, African, Black British or Caribbean* |
| African  | **[ ]**  | Another black background  | **[ ]**  |
| Caribbean  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| *Mixed or multiple ethnic groups* |
| Asian and White | **[ ]**  | Another Mixed background  | **[ ]**  |
| Black African and White  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Black Caribbean and White  | [ ]  |  |  |
| *White* |
| English/Welsh/Scottish/Northern Irish/British  | **[ ]**  | Another White background  | **[ ]**  |
| Irish  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Irish Traveller or Gypsy  | [ ]  |  |  |
| *Another ethnic group* |
| Arab  | **[ ]**  | Don’t know/prefer not to say  | **[ ]**  |
| Another ethnic background  | [ ]  | Person’s own description:       |
| **What is your religion?** |
| No religion  | **[ ]**  | Hindu  | **[ ]**  |
| Christian (all denominations)  | [ ]  | Muslim  | [ ]  |
| Buddhist  | [ ]  | Other (please state)  | [ ]  |
| Jewish  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Sikh  | [ ]  | Person’s own description:       |
| **Does the person identify as having a disability or long-term health condition?** |
| Yes [ ]   | No [ ]  | Please specify:       |

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| 1. **Consent**
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| **I confirm that the information provided on this referral is correct and accurate.** | **Yes** [ ]  **No [ ]**  |
| **Do you have a criminal background?** | **Yes** [ ]  **No [ ]**  |
| **I consent to an enhanced DBS check.** | **Yes** [ ]  **No [ ]**  |

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| 1. **How did you hear about us?**
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**Please note that if you intend to use your vehicle, all independent visitors using their vehicles for work purposes require to have a business car insurance cover. If you will be using your vehicle for work purposes, (which includes transporting a child or vulnerable person), we are able to provide a letter stating the nature of the volunteer work which you will be using the vehicle for. This could result in your insurance provider offering this additional business cover at either no or a very small cost.**

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| **To discuss a referral please contact Asist on 01782 845584****Fill in this form and send to Asist by emailing** **referrals@asist.co.uk****Head Office: Asist, Winton House, Stoke Road, Stoke-om-Trent, ST4 2RW.** |

Service available Monday to Friday 9am to 5pm (excluding bank holidays)

