Logo, company name

Description automatically generated

**MMI Companionship with Care**

**Volunteering Information and Application Form**

Volunteering with MMI Trading with Care (MMI TwC) is a great way to learn new skills, whilst giving something back to your community. Volunteering can be fantastic fun and hugely rewarding, if you’re looking for a job or thinking about returning to work after a break, then learning new practical skills and working as part of a team is an excellent way of gaining confidence and demonstrating your ability and skills.

MMI Companionship with Care is a new service currently being piloted in a voluntary capacity. If successful, volunteers could progress into paid employment as the aspiration is for the companionship to expand into a chargeable service. No special qualifications or experience are needed, all we ask of our volunteers is that they have the desire to make clients feel comfortable by talking and listening in a sensitive and supportive way and that they adhere to the boundaries of the role as outlined in the role description.

It does not matter what your background is – you may be unemployed and currently attending the Route to Care Academy and wanting to pursue a job in an area of social care. You may have just retired, be a student, a mum or dad, or a part time worker – but as long as you enjoy helping others and can give up a few hours once per week, we would be pleased to hear from you on the numbers below.

We look forward to working with you!

Email: [info@mmitwc.co.uk](mailto:info@mmitwc.co.uk)

Tele: 01639 812528

**Logo, company name

Description automatically generated**

**Volunteer Application Form – Confidential**

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| **Vacancy Details** | | | | | |  | | | | | | | |
| Role applied for: | | | | | | Date: | | | | | | | |
|  | | | | | |  | | | | | | | |
| **Personal Details** | | | | | |  | | | | | | | |
| Title: | | First Name: | | | | | | Surname: | | | | | |
| Address: | | | | | | Home Tel: | | | | | | | |
|  | | | | | | Mobile: | | | | | | | |
|  | | | | | | Email: | | | | | | | |
| Post Code: | | | | | | Work Tel: | | | | | | | |
| Date of Birth: | | | | | |  | | | | | | | |
|  | | | | | |  | | | | | | | |
| **Background** | | | | | |  | | | | | | | |
| Most Recent Occupation: | | | | | | | | | | | | | |
| Previous work experience (including any voluntary work): | | | | | | | | | | | | | |
| Do you have any interests, hobbies and skills which may be useful in your volunteering? | | | | | | | | | | | | | |
| Do you have any health problems/allergies which may affect your work as a volunteer? Please specify | | | | | | | | | | | | | |
| Are you a Welsh Speaker? | | | | | | | | | | | | | |
| Do you require any additional support? Please specify | | | | | | | | | | | | | |
| How did you hear about us? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Availability for volunteering** | | | | | | | | | | | | | |
| Days/hours available:  Please add morning/afternoon/evening/flexible | | | | | | | | | | | | | |
| Monday | Tuesday | | Wednesday | | Thursday | | Friday | | | | Saturday | Sunday | |
|  | | | | | | | | | | | | | |
| **Information for client matching purposes (note that none of these are requirements, the information is only used to match volunteers to specific roles and to specific clients)** | | | | | | | | | | | | | |
| Are you a driver? | | | | Yes | | | | | No | | | | |
| Do you have access to a car? | | | | Yes | | | | | No | | | | |
| Do you have business use on your car insurance? | | | | Yes | | | | | No | | | | |
|  | | | | | |  | | | | | | | |
| **DBS Checks** | | | | | |  | | | | | | | |
| Checks (DBS) will be necessary if you are likely to work unsupervised with younger or older vulnerable people in the community | | | | | | | | | | | | | |
| Do you have a current DBS? | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |
| **Equality Monitoring** | | | | | |  | | | | | | | |
| To help us with our equal opportunity monitoring and ensure we are delivering a service to the whole community, we would be grateful if you could complete the following: | | | | | | | | | | | | | |
| Gender: (please circle)  Male / Female | | | | | | | | | | | | | |
| Age: (please circle)  18 -25 26-35 36-50 51-65 65 or over | | | | | | | | | | | | | |
| Employment status: (please circle)  Unemployed Employed Student Retired | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |
| **References** | | | | | |  | | | | | | | |
| The nature of the work we do at MMI TwC can bring volunteers into contact with vulnerable young and older people. For this reason, we ask for the name of two people who are not relatives and not residing at the same address with you. Your signature will be taken as your agreement for us to contact the following: | | | | | | | | | | | | | |
| Referee One:  Name:  Email Address:  Address:  Post Code:  Tel No:  Relationship to volunteer: | | | | | | Referee Two:  Name:  Email Address:  Address:  Post Code:  Tel No:  Relationship to volunteer: | | | | | | | |
|  | | | | | |  | | | | | | | |
| **Rehabilitation of offenders Act 1974 (exceptions) order 1975** | | | | | | | | | | | | |
| This volunteer role is / is not exempt from the Rehabilitation of Offenders Act 1974. If the role is exempt, the applicant and their referees are not entitled to withhold information about their convictions, however long ago they were committed. Do you have any such convictions (spent or otherwise) to disclose?  Please circle – Yes or No  If ‘yes’ please attach details, which will be treated in confidence. | | | | | | | | | | | | |
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| **Confidentiality**:  Volunteers are reminded that any confidences they may come across in the course of their work should be kept, however insignificant they may seem. | | | | | | | | | | | | |
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| **Data Privacy** | | | | | | | | | |  | | |
| We will only use your data for the following purposes:   * Contacting you * Matching you with clients for companionship * Monitoring for example for the purposes of funding requirements * Equality monitoring   MMI TwC will only share your data with other staff. No external individuals or agencies will be given your information unless we ask you and agree in advance. We will not share your information with clients other than your first name.  By signing this application form, I agree that MMI Trading with Care may use my data in the above ways. | | | | | | | | | | | | |
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| **Agreement** | | | | | | | | | |  | | |
| I confirm I agree that MMI Trading with Care may use the data I have provided on this form for the purposes stated above. I also confirm the information given in this form is true and accurate | | | | | | | | | | | | |
| Name: (Please Print): | | | | | | | | | | | | |
| Signed: | | | | | | | | | | Date: | | |
|  | | | | | | | | | |  | | |
| **Please return completed form to:** | | | | | | | | | |  | | |
| MMI Trading with Care, Brynhyfryd House, Giants Grave Road, Briton Ferry, Neath, SA11 2ND  Telephone: 01639 812528  Email: [info@mmitwc.co.uk](mailto:info@mmitwc.co.uk)  Find us on facebook @ MMI Trading with Care | | | | | | | | | | | | |