



Volunteer Befriender/Mentor ∞ Pegasus – Men’s Wellbeing Centre
CIC - 2021

NAME	
DATE OF BIRTH	
GENDER	
PHONE NUMBER	
EMAIL ADDRESS	
ADDRESS	
DBS CERTIFICATE NUMBER	
ETHNIC ORIGIN	
HOW DID YOU HEAR ABOUT OUR VOLUNTEERING	

Why would you like become Befriender/Mentor with Pegasus – Men’s Wellbeing Centre CIC?
Please describe any relevant Qualifications:
Please include any personal, voluntary, or other relevant experience:
Please describe your hobbies and interests:



Pegasus
Men's Wellbeing Centre CIC Cornwall

What is your form of transport:
Please give the name and email of a previous employer for a character reference who has known you for at least two years whom we may contact:
Please give an emergency contact – name, relation to you, phone number and address:
If you do not have a DBS check, are you willing to undergo this process:
Can you confirm that you are able to commit to a minimum 2 hours a week:
Can you confirm that you will attend training provided by Pegasus – MWC:
Can you confirm you will attend monthly team meetings & group supervision/training:
Can you confirm you are prepared (if required) to travel up to 15 miles radius:
Travel expenses for a journey post 15miles are covered by the agency and as long as the volunteer has submitted an expense form before the 15 th of that month, those expenses are paid in the same month where possible. Can you agree you will keep all receipts for expenses to attach to the expenses report? (funding related)
Do you consent to Pegasus – MWC using your information to contact you?
Do you confirm the information you have provided within this form is correct?

If the applicant wishes, they may leave closing comment to be considered by the volunteer coordinator:

CANDIDATE NAME:

SIGNITURE:

DATE: