



## ODIHAM COTTAGE HOSPITAL Befriending Service

Reg charity no: 1068721

Thank you for your enquiry concerning voluntary work for Odiham Cottage Hospital. Attached is some information that will tell you a little about becoming a befriending volunteer with us.

The West Hart community benefits greatly from volunteer befrienders supporting people with a life limiting illness. So we look for a good cross section of people with a variety of skills and interests.

Befriending is a 'professional' relationship between the volunteer befriender and the client and is initiated, supported and monitored by the OCH Befriending Coordinator.

Due to the sensitive nature of the work not all who apply will be suitable. We therefore ask each applicant to complete and return the attached application form with referees.

On receiving references we will then invite you to come in and discuss your application in more detail. If accepted, you will be required to attend a 4 day training course and regular ongoing supervision meetings.

With best wishes

Maria Bryant  
BEFRIENDING COORDINATOR



## **AIMS OF THE OCH BEFRIENDING SERVICE**

Working in partnership with St. Michael's Hospice and supported by the Rural East Integrated Community Care Team, the OCH Befriending Service aims to enhance the quality of life for adults suffering with a long term and or life-limiting illness I.e. the most vulnerable groups, within the West Hart community.

The service offers patients/clients the opportunity to reduce social isolation and to form a trusting relationship with volunteer befrienders, which in turn may enable the patient/client to:

- acquire a greater degree of self-confidence and emotional growth
- enhance their capacity to make use of their own resources, as well resources available to them within the community, i.e. other voluntary organisations/ statutory agencies
- cultivate and maintain relationships with others

### **What is expected of a Volunteer Befriender?**

- to undertake essential training
- attend regular support & supervision sessions
- respect and adhere to policies and procedures
- be reliable, consistent and dependable
- understand and maintain confidentiality & boundaries
- provide written report of each client visit and feedback any issues
- be accountable
- No imposing of own values, beliefs, or opinion

### **What qualities are essential?**

- warmth, an ability to engage in relationships
- non-judgemental, accepting a person for who they are
- respecting others as being of equal worth
- good interpersonal skills, in particular listening skills
- an ability to handle a level of stress
- ability to work on own/use initiative/common sense

***“Friendship is a private, mutual relationship.  
Befriending is a service***



# ODIHAM COTTAGE HOSPITAL VOLUNTEER BEFRIENDER



THE OCH BEFRIENDING SERVICE IS A JOINT INITIATIVE BETWEEN ODIHAM COTTAGE HOSPITAL AND ST. MICHAEL'S HOSPICE. THE SERVICE SUPPORTS THOSE IN THE WEST HART COMMUNITY (ODIHAM, HOOK, HARTLEY WINTNEY & OLD BASING) WHO ARE SUFFERING FROM A LONG TERM ILLNESS AND MAY BE LONELY AND/OR ISOLATED.

FULL NAME:

DATE OF BIRTH:

Mr/Mrs/Miss/Ms or other

HOME TEL NO:

ADDRESS:

MOBILE:

POSTCODE:

E. MAIL:

EMERGENCY CONTACT

NAME:

TEL No:

OCCUPATION/PROFESSION

PAST OR PRESENT:

YOUR HOBBIES/INTERESTS:

SPECIAL SKILLS/EXPERIENCE (Working with adults, befriending, etc.):

ARE YOU CURRENTLY INVOLVED IN OR HAVE YOU HAD ANY PREVIOUS EXPERIENCE OF VOLUNTARY WORK?

Yes/No

IF YES, PLEASE GIVE DETAILS:

ARE YOU IN GOOD HEALTH (Any physical difficulties i.e. back problems, arthritis etc.)?

ARE YOU TAKING REGULAR MEDICATION

Yes/No

IF YES, PLEASE GIVE DETAILS:

DO YOU OWN AND DRIVE A CAR?

Yes/No

Would you be a volunteer driver Y / N

HOW DID YOU HEAR ABOUT THE ROLE OF VOLUNTEER BEFRIENDER?

WHY DO YOU WANT TO BECOME A VOLUNTEER BEFRIENDER?

HAVE YOU SUFFERED ANY BEREAVEMENT  
WITHIN THE LAST 2 YEARS?

YES/NO

IF YES PLEASE GIVE DETAILS:

REFEREES: (Please give details of two referees whom we have permission to contact.  
These should not be relatives and preferably have known you for at least 2 years).

NAME:

NAME:

ADDRESS:

ADDRESS:

POSTCODE:

POSTCODE:

TEL NO:

TEL NO:

Because of the nature of our work, we are exempt from the 1974 Rehabilitation of Offenders Act, and you are therefore required to declare if you have any criminal convictions whether or not they are 'spent'. Your declaration will be treated in strict confidence and will be considered only in relation to this application.

Do you have any criminal

YES/NO

If yes, please state details on a separate

In line with the Safeguarding of Vulnerable Adults Policy all Volunteer Befrienders will need an up-to-date Disclosure & Barring certificate; application for clearance is provided by St. Michael's Hospice.

Signed:

Date:

*Please complete and return to :*

THE BEFRIENDING COORDINATOR  
BEFRIENDING SERVICE  
ODIHAM COTTAGE HOSPITAL, BURYFIELDS, ODIHAM, HOOK RG29 1NE