**Volunteer Application Form**

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| --- | --- |
| First Name: |  |
| Surname: |  |
| Title: | Mr Mrs Miss Ms Other |
| Address: |  |
| Post Code: |  |
| Phone Number: | Landline:  Mobile: |
| Email address: |  |
| D.O.B: |  |
| Please log any known Disabilities or Medical Issues: | Allergies/ sensitivities/medications |
| Name and address of GP: |  |
| Emergency Contact Name and Number |  |
| Dietary requirements |  |
| Ethnicity (please highlight): | White-British White-Irish White-Other  Mixed-White and Black Caribbean  Mixed-White and Black African  Mixed-White and Asian  Mixed-Other  Indian  Pakistani  Bangladeshi  Asian-Other  Caribbean African Black-Other  Chinese  Other Not Stated Not known |
| Religion (if known): |  |
| Gender: | Female Male Gender Diverse |
| Sexual Orientation (if known): | Heterosexual/Straight Gay Lesbian  Bisexual Unsure |
| Employment/Education Status: | Employed – Full time Employed – Part time  Unemployed (eligible for benefits)  Unemployed (not eligible for benefit’s)  Student – Full time Student – Part time |
| Where and in what capacity are you employed? |  |
| **For students-** Name of School or college |  |
| Name of course |  |
|  |  |
| Where did you hear about this volunteering opportunity? |  |
| Do you have a current DBS?  Is it registered on the update service? | Yes No Not known Not Applicable |
| Do you hold insurance for counselling? | Yes No Not known Not Applicable |
| Do you currently have a supervisor? | Yes No Not known Not Applicable |
| Which of the following statements best describes you? | I am a trainee counsellor/therapist YES / NO  I am a qualified counsellor/therapist YES / NO  I am an accredited counsellor/therapist YES / NO  Another YES / NO  Please specify |
| Please tell us which day(s) you will be available for placement: | Monday Tuesday Wednesday Thursday Friday |
|  |  |
| Education and Qualifications | (Please include any courses you are currently STUDYING AND the expected completion date including Place of Study, Course Title, Level , Awarding Body) |
| Previous Employment/voluntary work | Please give details of all your previous Work experience, detailing your most recent employment, putting the most recent first and accounting for any gaps. Please include any voluntary, home-based or part-time work. |
| Please use this space to write a supporting statement, explaining why you think you would be suitable for the role of volunteer counsellor. We recommend that you write no more than 800 words: |  |
| Is there any other information you consider relevant? |  |
| Are there any tasks or activities you would like to avoid for health reasons when volunteering? |  |
| Please provide an emergency contact who we can contact in case of emergency. |  |
| Are you able to give a minimum of six months commitment, following the first meeting with a service user? | Yes No Not known Not Applicable |

|  |  |
| --- | --- |
| **Criminal Record Declaration** | |
| Do you have a criminal record? | Yes No Not known Not Applicable |
| If yes please give details |  |
| Have you been involved in any incident where allegations of abuse have been made? |  |
| If yes please give details |  |
| Please give your previous address (es) if you have lived at your present address for less than five years: |  |

**I agree to my details being passed on to the Police to conduct a check for cautions or convictions and for the result of the check to be disclosed to RCT in confidence (a record would not necessarily prevent you from becoming a volunteer)**

**If you wish to discuss, on a confidential basis, any concern you have about completing this declaration with the Coordinator, please contact us.**

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please give names, addresses and telephone numbers of two referees, who are not related to you. e.g. Employer & colleague

**Referee 1**

## Name

Address

Postcode

Telephone No

Email

Relationship to you

##### Referee 2

Name

Address

Postcode

Email

Telephone No

Relationship to you