**VOLUNTEER APPLICATION FORM**

**PRIVATE AND CONFIDENTIAL**

**PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLACK INK, AND RETURN TO:**

**Private and Confidential**

Volunteer Officer: 22 Marlborough Road, Coventry, CV2 4EP or email to info@coventryhaven.co.uk

Where did you hear about the opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL DETAILS**

**Full Name** Mrs/Ms/Miss/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_

**Contact details:**

**Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ethnic Origin:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do you have the use of a car Y/N**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Insurance No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What volunteering opportunity are you interested in?** (Please circle all that apply)

Crisis Centre Volunteer Volunteer Counsellor (2nd year Diploma +)

Member of the Board of Directors Admin/Clerical Volunteer

 Community Outreach Volunteer Outreach Champion

 Fundraising & Events

**Can you please indicate times when you may be available to volunteer?**

**(Please note this is not binding)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |

**Do you have any qualifications/attended training relating to the volunteer opportunity you are interested in?** Yes/No (if yes, please give details below)

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Title of course | Qualification |
|  |  |  |  |

Have you volunteered with any other agencies? Yes/No

If yes, please give details

|  |  |  |  |
| --- | --- | --- | --- |
| Where | From | To | Duties |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Continue on a separate sheet if necessary

**Only complete this section if you are interested in working towards gaining volunteer counselling hours** **or you are a qualified counsellor. NB you must have already completed or be studying towards a counselling qualification at diploma level or above.**

What type of counselling are you trained/training in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you finish your counselling course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What level is your counselling course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of college/university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use this section to tell us about yourself, including reasons why you want to volunteer for Coventry Haven Women’s Aid:

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Have you ever been dismissed from voluntary or paid work with children or vulnerable adults? Yes/No If yes, please give details:

Do you have any medical condition (physical or mental) which could affect your volunteering Yes/No

If so please give details:

**REFEREES** (We are not able to accept references from relatives or partners)

Please provide the names and addresses of two people who will provide a reference and you have known for at least 1 year. Potential counsellors must provide a reference from their tutor.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship/connection to you: \_\_\_\_\_\_\_\_\_ Relationship/connection to you: \_\_\_\_\_\_\_\_\_\_\_\_

**Volunteering with Coventry Haven Women’s Aid is subject to the following requirements:**

* An informal interview
* Completion of Domestic Abuse Training facilitated by Coventry Haven Women’s Aid
* Receipt of a clear enhanced DBS check (Coventry Haven Women’s Aid will apply for this)
* Receipt of two satisfactory references
* Volunteers are required to work within Coventry Haven Women’s Aid policy and procedure

|  |
| --- |
| **Equal Opportunities: Coventry Haven Women’s Aid** believes it is a fundamental principle that it should promote equality of opportunity in the delivery of services and the employment of staff/volunteers.It is Coventry Haven Women’s Aid policy to give favourable consideration to applications made by people with disabilities, having regard to their particular aptitudes and abilities. A disability of health problem does not preclude full consideration for the role, and applications from suitably skilled people with disabilities are welcome.**Please circle answers to questions below:**Do you have a disability? **Yes No**Are you registered disabled? **Yes No****For the purpose of interview do you require access arrangements, interpreter. If so, please let us know.** |

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**DECLARATION**

**I confirm that the information given on this form is to the best of my knowledge, true and correct. Any false statement may be sufficient cause for rejection of this application.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We respect your privacy and are GDPR compliant. The data controller is Coventry Haven Women’s Aid (CHWA). The details you provide will be used by CHWA and will not be used for any other purpose and will be held and processed on a cloud based database accessible by CHWA. We will store information for a minimum if 3 years. For further information or to see our Privacy Notice, please email dataprotection@coventryhaven.co.uk**

**Date started: ……………………………………………………………………. OFFICE USE ONLY**

**Volunteer duty: ………………………………………………………………………**