

**HELPLINE VOLUNTEER APPLICATION FORM**

|  |  |
| --- | --- |
| 1. **PERSONAL DETAILS** | |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone No:** |  |
| **Email Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. PREVIOUS TRAINING / QUALIFICATIONS**  **Listening/Counselling Skills Qualifications, or other relevant courses, please specify:** | | | |
| **Title of Course and name of Organisation** | **Length of Course**  **e.g. number of days / hours / years** | **Grade/Level**  **e.g. Certificate, HNC, Diploma** | **Date of Award**  **OR**  **Date due to be completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **3. PREVIOUS EXPERIENCE IN HELPING ROLES** | |
| 1. Organisation: | |
| Details: | |
| Period of Time: | Role: |
| 1. Organisation: | |
| Details: | |
| Period of Time: | Role: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4. PLEASE TICK 3 CONSECUTIVE HOURS THAT YOU ARE FREE TO VOLUNTEER WITH US e.g., Tuesday 1pm -4pm or Thursday 5pm – 8pm. (Saturday & Sunday 10am – 2pm) Tick as many as you can to give us flexibility.** | | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 9am – 10am |  |  |  |  |  | Closed | Closed |
| 10am – 11am |  |  |  |  |  |  |  |
| 11am – 12noon |  |  |  |  |  |  |  |
| 12noon– 1pm |  |  |  |  |  |  |  |
| 1pm – 2pm |  |  |  |  |  |  |  |
| 2pm – 3pm |  |  |  |  |  | Closed | Closed |
| 3pm – 4pm |  |  |  |  |  | Closed | Closed |
| 4pm – 5pm |  |  |  |  |  | Closed | Closed |
| 5pm – 6pm |  |  |  |  |  | Closed | Closed |
| 6pm – 7pm |  |  |  |  |  | Closed | Closed |
| 7pm – 8pm |  |  |  |  |  | Closed | Closed |

|  |
| --- |
| **5. PLEASE TELL US ABOUT ANY SIGNFICANT BEREAVEMENT OR LOSS YOU HAVE  EXPERIENCED:**  During the course, you will be encouraged to work with your own experiences of loss. It is therefore generally recommended that people do not plan to undertake this course if they have recently experienced a significant bereavement. Prospective volunteers can discuss any concerns  or questions they may have in confidence prior to submitting this form. If you wish to do this, please contact Wendy Diack our Volunteer Development Manager at: [wendy.diack@crusescotland.org.uk](mailto:wendy.diack@crusescotland.org.uk) |
|  |

|  |
| --- |
| **6. SELF-ASSESSMENT STATEMENT**  To help us with the selection process we would ask you to write between 250-500 words stating why you would like to join us on this course and what has motivated you to volunteer as a Helpline Volunteer with Cruse Bereavement Care Scotland.  Areas to be included are:     * What qualities will I bring? What areas do I want to develop? * What does death mean to me? * How have I coped with bereavement in my life? * What are my reasons for joining this course and volunteering at this time? * How do I look after myself (include your support network and how you use it)? |
|  |

|  |  |  |
| --- | --- | --- |
| **7. REFERENCES**  Please give the names and addresses of two people who have known you for several years, particularly in any helping roles or relevant training you have undertaken and are willing to act as referees. This could also be a past or present employer but should **NOT** be relatives or friends. | | |
|  | **Referee 1** | **Referee 2** |
| Name: |  |  |
| Relationship to you: |  |  |
| Address: |  |  |
| Postcode: |  |  |
| Tel no(s): |  |  |
| Email address: |  |  |

|  |
| --- |
| **8. HOW DID YOU HEAR ABOUT OUR TRAINING?**  It is helpful for us to learn how people find out about our volunteering opportunities. |
|  |

**PVG CHECK**

It is a legal requirement that all our volunteers and staff working with bereaved adults (and children) are PVG (Protecting of Vulnerable Groups) checked. We will organise these as soon as possible.

Please indicate if you are already a PVG scheme member YES ☐ NO ☐

If yes, an update form together with appropriate ID will still be required.

**Thank you for completing this form.**

**Please return to:**  **Email:**  **volunteering@crusescotland.org.uk**

**Post:**  **Cruse HQ, 29 Barossa Place, Perth, PH1 5HH**

**We will acknowledge receipt of your application. References will be taken up if successful at interview.**