**Helpline Volunteer Application Form**

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| **Name Date of birth** |
| **Address** |
| **Contact Number** |
| **Email** |
| **Date of Application** |
| **Present Occupation** |

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| **Previous relevant paid work experience, qualifications, and interests, including voluntary work:** |

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| **Other relevant personalexperience, especially relating to mental health/abuse issues:**  **Which of the following shifts would you be available for (please tick any you could do, but we only ask for one shift per week)?**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | *Please tick all that apply* | √ | *Please tick all that apply* | √ | *Please tick all that apply* | √ | | **MONDAY** | 9.30am – 12.30pm |  | 12.30 – 3.30pm |  | 7.30-10.30pm |  | | **TUESDAY** | 9.30am – 12.30pm |  | 12.30 – 3.30pm |  | 7.30 – 10.30pm |  | | **WEDNESDAY** | 9.30am – 12.30pm |  | 12.30 – 3.30pm |  |  |  | | **THURSDAY** | 9.30am – 12.30pm |  |  |  |  |  | | **FRIDAY** | 9.30am – 12.30pm |  |  |  |  |  | |

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| **Please tell us what interests you about the helpline role at Womankind?**  **What might be challenging for you in this role?** |
| **We will provide training in listening skills, but if you have any previous experience please outline below:**  **We will provide training on the admin skills you’ll need, but if you have any prior experience of basic IT and admin tasks please outline below:** |

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| **References – please name two people that we can contact for a character reference. We ask that one of them has known you in a working capacity. If this is not possible please indicate this on the form.**  *(Please note, this is not a proof of employment, please check with a referee that they are able to provide a character reference)* | |
| **Name** | **Name** |
| **Address** | **Address** |
| **Contact Number:** | **Contact Number:** |
| **Email:** | **Email:** |

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| **Do you have a safe, quiet and confidential space in your home to take Helpline calls/chats if we are still operating the Helpline remotely when you start as a volunteer?** |
| **When is the best time/day to contact you?** |
| **How did you hear about us?**  (Please specify exact venue or location where possible) |

Thank you – please contact us if you would like any assistance in filling out the form or for any further information: Tel. 0345 458 2914 or [rae@womankindbristol.org.uk](mailto:rae@womankindbristol.org.uk)

Please return completed forms (including your completed Equalities Monitoring form) to Rae Pears at:

[rae@womankindbristol.org.uk](mailto:rae@womankindbristol.org.uk)

Womankind

3rd Floor, Brunswick Court

Brunswick Square

BRISTOL BS2 8PE

The information you provide on this form will be used only for the administration of your application. See also our Privacy Policy on the home page of our website.