

|  |
| --- |
| **CONFIDENTIAL** |

**Application Form to be a Support Services Volunteer**

|  |
| --- |
| Name:  Address:  Telephone numbers:  Email: |

|  |
| --- |
| What has attracted you to volunteer for us at this time and what do you hope to gain from the experience? |

|  |
| --- |
| What skills or personal qualities might you bring as a volunteer? (You might want to look at the role description.) |

|  |
| --- |
| Please tell us briefly about any experiences you may have had relating to mental health, either personally or in another capacity, which you could bring to the work. |

|  |
| --- |
| Is there anything else you would like to tell us which you feel is relevant to the role? |

|  |
| --- |
| Please tell us whether you can commit to the following:  To attend all the dates of the training course  To do one shift a week, 6.30pm – 9.30pm  To volunteer on the service for one year after training  To engage with regular 1-1 supervision (outside of shift time)  To attend team meetings (5 out of 6 per year, Mon eves/Sat am) |

|  |
| --- |
| Please indicate all evenings you are available to volunteer for (we realise this may change) Although most volunteers have a set shift day some flexibility with this is required:  **Tuesday Wednesday Thursday** |

|  |
| --- |
| Do you have any relevant criminal convictions? Please list with approximate dates.  They will not automatically prevent you from volunteering & may indicate valuable experience. |

|  |
| --- |
| Do you have any access requirements that we need to be aware of – mobility etc?  We regret that our office is not wheelchair accessible |

|  |
| --- |
| How did you hear about this role? |

Please give the name & contact details of two people who can provide a reference for you.

We need people who know you well enough to comment on your suitability to volunteer for us. A work reference may be appropriate but is not essential. Status is not important, but we do request that the referee is not a member of your immediate or extended family.

|  |  |
| --- | --- |
| Referee One  Name:  Address:  Phone number:  Email:  How do you know this person? | Referee Two  Name:  Address:  Phone number:  Email:  How do you know this person? |

Signed:

Date:

Please **return this form to along with the Equalities Monitoring Form:**

* **By email to:** info@selfinjurysupport.org.uk
* Or by post to:

F.A.O. Volunteer Co-ordinator  
Self injury SupportPO Box 3240  
Bristol  
BS2 2EF

Thank you for your application – we will be in touch with you shortly.