



HELPLINE VOLUNTEER APPLICATION FORM

Name:

Address:

Daytime phone no.: Evening phone no.:

Email address:

Where did you hear about volunteering with BCSW?

HAVE YOU READ AND UNDERSTOOD THE INFORMATION
THAT CAME WITH THIS FORM?

YES/NO

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1 What attracted you to BCSW at this time?

2 Can you briefly tell us about any experiences you may have had relating to mental health issues, either personally or in any other capacity that you feel you could bring to this work?

3 What general skills or personal qualities might you bring as a volunteer, & what do you hope to gain from the experience?

4 Do you have any relevant criminal convictions? Please list them with approximate dates. (They will not automatically prevent you from volunteering, and may indicate a valuable experience)

5. Can you attend ALL THE DATES of the Training Course?

YES/NO

& can you make the following commitment for at least 12 months?

WORK ONE HELPLINE SHIFT FORTNIGHTLY	YES/NO
ATTEND SOME VOLUNTEER MEETINGS	YES/NO
RECEIVE DAY AFTER TELEPHONE SUPPORT	YES/NO
ATTEND ONGOING TRAINING ONCE VOLUNTEERING	YES/NO
PROVIDE DAY AFTER SUPPORT ONCE EXPERIENCED	YES/NO

Please can you give us the names & addresses of two people you know who can provide a reference for you, together with the capacity in which they know you.

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

1 NAME & ADDRESS RELATIONSHIP TO YOU

2 NAME & ADDRESS RELATIONSHIP TO YOU

I believe all the information I have given in this form is accurate

SIGNED

DATED

Thank you

We will be in touch shortly to invite you to an informal interview