# Sexual Violence Helpline Volunteer Application Form

**Instructions:**

* **Please complete all sections of the application as fully as possible**
* **Please write / type in black**
* **Ensure you put your name on any additional sheets you use**
* **Sign and date the last page of the application form**
* **Please return your completed application and equal opportunities monitoring forms by emailing them to** **recruitment@wgn.org.uk****.**

## PERSONAL DETAILS

|  |  |
| --- | --- |
| First name: | Last name: |
|  |  |

|  |
| --- |
| Address: |
|  |
| Postcode: |   |

|  |  |
| --- | --- |
| Email: |   |

|  |
| --- |
| **Contact Numbers:**  |
| **Mobile:** |  |
| **Home:** |  |

|  |
| --- |
| Please state any languages in which you are fluent: |
|  |

## EMPLOYMENT AND VOLUNTEERING EXPERIENCE DETAILS

## Please provide details of your relevant employment and / or volunteering experience, starting with the most recent.

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| Current / most recent employment or volunteering position details |
| Organisation:  |
| Position:  | From:  | To:  |
| Outline of main duties and responsibilities:  |

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| --- |
| Employment or volunteering position details |
| Organisation:  |
| Position:  | From:  | To:  |
| Outline of main duties and responsibilities:  |

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| Employment or volunteering position details |
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| Outline of main duties and responsibilities:  |

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| Employment or volunteering position details |
| Organisation:  |
| Position:  | From:  | To:  |
| Outline of main duties and responsibilities:  |

**QUALIFICATIONS / TRAINING**

**Please include all relevant qualifications and training undertaken, starting with the most recent.**

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| --- | --- | --- |
| Qualifications / Training Details: | Learning Provider: | Dates: |
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## AVAILABILITY TO VOLUNTEER

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Currently our team of volunteers are volunteering remotely which requires access to a quiet confidential space. The equipment required to volunteer remotely will be provided. Do you have access to a confidential space, to volunteer remotely?:** Yes / No**Ideally, we ask volunteers to commit to one shift a week, for a minimum of a year.****Volunteering shifts are between 9.30am to 4.30pm, Monday to Friday (with a one-hour break which is usually either 12.30-1.30pm or 1.30-2.30pm) and a late Wednesday evening shift between 6pm and 9pm. Please note whilst there is limited availablity for each shift (based on service delivery requirements), we try to accommodate individual preferences wherever possible. Please indicate your potential weekly availability in the space below (we understand this may change).**

|  |  |  |
| --- | --- | --- |
| **Weekday**  | **Shift Times**  | **Please indicate which shifts you are available for** |
| Monday  | 9.30am to 4.30pm  | Yes / No |
| Tuesday  | 9.30am to 4.30pm | Yes / No |
| Wednesday  | 9.30am to 4.30pm | Yes / No |
| Wednesday | 6pm to 9pm | Yes / No |
| Thursday  | 9.30am to 4.30pm | Yes / No |
| Friday  | 9.30am to 4.30pm | Yes / No |

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## Please tell us why you wish to volunteer for an organisation which supports women and girls who have experienced sexual violence?

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## Please tell us what your definition of violence and abuse is?

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## What do you consider to be the main causes of violence and abuse in society?

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## What does equal opportunities mean to you and how would you incorporate this into your volunteer work with Women and Girls Network?

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| --- |
|  |

## What individual contribution do you think you can make to the development of Women and Girls Network?

|  |
| --- |
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**FURTHER INFORMATION (Please use no more than 2 extra sheets of A4 if necessary for this question).**

**With reference to the Volunteer Task Description and Personal Qualities section in the selection pack, please outline the knowledge, experience, skills and attributes you would bring to this role. Please state how you gained this knowledge / experience / skills (whether in a paid or unpaid capacity) and where appropriate give concrete examples of their application.**

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## REHABILITATION OF OFFENDERS ACT 1974, EXCEPTIONS ORDER 1975 AND CHILDRENS ACT 1989

## Due to the nature of the volunteer role for which you are applying for, we need to ask you to disclose any convictions. You are not entitled to withhold information about convictions which otherwise might be considered “spent”.

## Any information given will be completely confidential and be considered only in relation to which the Exceptions Order applies. Enhanced Disclosure Barring Service (DBS) checks will be carried out and successful applications will be dependent on the results of these checks.

|  |
| --- |
| Do you have anything to disclose?  |
| Yes / No |
| **If yes, please give details (date, type of offence /sentence / fine imposed)** |
|  |
| Have you had an Enhanced DBS check carried out in the past 12 months? |
| Yes / No |
| **If yes, would you be able to provide a copy of your certificate?** |
| Yes / No |

**REFERENCES**

## Please provide the contact details of two people who can be approached for professional references. One should be from your current or most recent employer / organisation.

**References should be endorsed with an organisational stamp / stationery or received from a legitimate e-mail address (e.g. not from a hotmail or gmail address).**

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1 Name:  |  | Referee 2 Name:  |  |
| Referee’s Position: |  | Referee’s Position: |  |
| Referee’s Organisation: |  | Referee’s Organisation: |  |
| Referee’s Email: |  | Referee’s Email: |  |
| Referee’s Contact Number:  |  | Referee’s Contact Number:  |  |
| **Referee’s Address:**  |  | **Referee’s Address:**  |  |
| **In what capacity do you know this referee?**  |  | **In what capacity do you know this referee?**  |  |
| **How long have you known this referee?**  |  | **How long have you known this referee?**  |  |

 **I confirm that the information given in this application is correct.**

**Signature: Date:**

**Please return your completed application and equal opportunities monitoring forms by emailing them to** **recruitment@wgn.org.uk****.**

**Thank you for your interest in volunteering with Women and Girls Network**