

Charity: Health Energy Advice Team (HEAT)

Service: Liverpool Domestic Abuse Service

VOLUNTEER APPLICATION FORM

Before you complete this application:

Please be aware that volunteer opportunities with LDAS are only considered if the volunteer is committed to volunteering for a minimum of 12 hours per week.

(This does not apply to volunteer counsellors).

1. **Name:**

2. **Address:**

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Postcode:

3. **Telephone:**

4. **Email :**

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5. **Are you interested in a specific type of volunteer role(s)?**

Domestic abuse, counselling, welfare and fuel poverty, Admin, I.T.?

(To apply for a counselling placement you must have completed year 1 of your diploma)

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6. **Describe any skills you have that would be useful for the role you wish to do.**

Some we have thought of include dealing with people face-to-face or on the phone, speaking / writing a language other than English, sign language, filing, research, using a computer, helping people to learn, advocacy.

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7. Please tell us a little bit about yourself and anything you have done over the past few years that you would like to tell us about?

e.g. employment, work experience, volunteering, community activity, caring for children, other relatives or a friend, classes, training courses

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8. Why do you want to volunteer for HEAT. What do you hope to get from the experience?

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9. What do you think are some of the main problems facing your community?

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10. It is useful to know when you will be available to volunteer. Please indicate below the days/ times when you are generally available:

When are you available for voluntary work? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

11. Are there any times that you are unlikely to be available, e.g. school holidays?

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12. What do you understand by the term confidentiality?

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13. What is your understanding of the term equality and diversity?

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11. Is there anything else you would like to say about yourself?

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12. References.

Please give the names and addresses of two people, other than your family or friends, who can tell us about you; they should both be professionals – e.g. a current or previous employer, teacher/tutor/ doctor or previous volunteer placement provider.

Name**Relationship:**.....

Place of Work:**Position:**.....
(If applicable)

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E-Mail:.....

Name**Relationship:**.....

Place of Work:**Position:**.....
(If applicable)

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E-Mail:.....

13. Please tell us about any specific needs you would like us to take into account, either at the interview or if we offer you a volunteer role e.g. mobility.
This information will be treated as strictly confidential.

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Please note: To ensure the safety of our clients, HEAT requires that all volunteers who have direct access to clients, where any part of the work is primarily targeted at legally defined vulnerable adults or children, have their criminal records checked. However, HEAT is committed to the promotion and delivery of equal opportunities to volunteers and so has a policy to ensure ex-offenders are not discriminated against.

All offences, other than sexual crimes against a child or vulnerable adult, will be treated on an individual basis taking into account issues such as the risk to the client, the circumstances of the offence (e.g. what it was, is it relevant to the volunteer role, how long ago it was) and the reputation of HEAT.

Signed:

Date:

Please return this form to:
Paula Nolan
Centre Manager
Health Energy Advice Team
72-74 Durning Road
Liverpool
L7 5NG
paulanolan@heatkensington.org.uk