**Charity: 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:**

**Postcode:**

1. **Telephone:**
2. **Email:**
3. **Are you interested in a specific type of volunteer role(s)?**

 Domestic abuse, counselling, Admin, I.T.?

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

Please note; LDAS adheres to a trauma-Informed approach to supporting women who have experienced domestic abuse and we would expect placement counsellors to understand a trauma informed approach).

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

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1. **Please tell us a little about yourself, and anything you have done over the past few years that you would like to tell us about.**

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1. **Why do you want to volunteer for LDAS. What do you hope to gain from the experience?**

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1. **What do you think some of the main problems facing your community?**

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

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| --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **AM** |[ ] [ ] [ ] [ ] [ ]
| **PM** |[ ] [ ] [ ] [ ] [ ]

**I am totally flexible** [ ]

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

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1. **What do you understand by the term confidentiality?**

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

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

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## REFRENCES:

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 (If applicable):**

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**Position:** …………………………………………………………………………………………………………………………………

**Email:** …………………………………………………………………………………………………………………………………

**Telephone:** …………………………………………………………………………………………………………………………………

**Name:** ……………………………………………………………………………………………………………………..

**Relationship:** ………………………………………………………………………………………………………….

**Place of work (If applicable):**

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**Position:** …………………………………………………………………………………………………………………………………

**Email:** …………………………………………………………………………………………………………………………………

**Telephone:** …………………………………………………………………………………………………………………………………

1. **Please tell us about any specific needs you would like us to consider, either at the interview or if we offer you a volunteer role e.g. mobility.**

*This information will be strictly confidential.*

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**Please note:** To ensure the safety of our clients, LDAS 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, LDAS 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 considering 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 LDAS.

**Signed:**………………………………………….. **Date:** …………………………

Please return this form to:

Paula Nolan (CEO)

Liverpool Domestic Abuse Service

23 Quorn Street

Liverpool

L7 2QR

paulanolan@ldaservice.org.uk