

 Volunteer Application Form

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| Section A: Personal Information  |
| **Confidential:** | No information will be disclosed without your permission | **Information for Applicants:** Please complete this form using Black Ink or Type. Where necessary, please continue your application on separate sheets |
| *REFERENCE NUMBER (official use only):* |  |
| *TITLE OF POST APPLIED FOR:* | **Lighthouse Volunteer** |
| *CLOSING DATE:* | **N/A** |
| Personal details |
| Title: |  | Contact address: |  |
| Forename: |  | Home telephone(inc STD code): |  |
| Surname: |  | Mobile Telephone: |  |
|  |
| Email Address:  |  |
| Do you have a current car driving licence? **Yes No**Do you have access to means of transport that allowsyou to full fill the duties of this post? **Yes No**  |
| References |
| Please give the names and addresses of two people, one of whom should have known you for more than 2 years, who can vouch for your character. |
| Name: |  | Name: |  |
| Address:Post Code:Telephone:E-Mail: |  | Address:Post Code:Telephone:E-Mail: |  |
|  |  |  |  |

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| **Section C: Personal experience** |
| Have you had personal experience of losing someone through suicide?Please detail below your relationship with this person and length of time since loss? |
|  |
| Section D: Relevant Competencies and experience |
| Please provide any additional information that supports your application for the above position; reasons for making this application; personal interests; voluntary or paid experience; any notable achievements; knowledge of Crisis Intervention work or any other matter you consider relevant.  |
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| Sections E: Areas of interest  |

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| **Area of work** | **Previous****Experience**Yes/No | **Details of any experience/interest** | **Priority of interest**(1 – 3 with 1 being highest) |
| Office Administration |  |  |  |
| Health Fairs |  |  |  |
| Event management |  |  |  |
| Fundraising:*Bucket collections**Distribution and maintenance of collection cans* |  |  |  |
| Event Participation |  |  |  |
| Crisis Work  |  |  |  |
| Telephone calls |  |  |  |
| Practical/ Housekeeping |  |  |  |
| Office Cover |  |  |  |

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| **Availability**  |
| **Please provide times when you are available to volunteer**  |
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| **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**MONITORING QUESTIONAIRE UNDER THE Lighthouse**

 **BOARD’S EQUAL OPPORTUNITY POLICY**

**IN CONFIDENCE - FOR MONITORING PURPOSES. APPLICATION No: NRT 01/07**

**1** **Perceived Religious Affiliation**

 i I perceive myself to be from the Protestant community

 **or**

 **ii** I perceive myself to be from the Catholic community

 **or**

 **iii** I perceive myself to be from neither the Protestant or

 Catholic community.

 Please specify

**2** **Gender**

 I am FEMALE MALE

**3** **Marital Status**

 I am MARRIED SINGLE OTHER

**4** **Disability**

 I am registered disabled person I am not registered disabled person

**5** **Age Band**

 I belong to the following band:

Up to 20 21-30 31-40 41-50 51-60 61-65 Over 65

**THANK YOU FOR YOUR CO-OPERATION**

**When you have completed this questionnaire, please return it in the envelope provided to:**

**The Monitoring Officer**

**LIGHTHOUSE**

**187 Duncairn Gardens**

 **Belfast BT15 2GF**