

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 allows  you 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? |
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| 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**