**Support After Rape and Sexual Violence Leeds (SARSVL)**

**Service Delivery Volunteer Application Form**

**Before completing this form please read through the accompanying booklet carefully.** The information you provide in your application will be kept confidential.

**You must be available to attend all the training dates listed in the accompanying booklet.**

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| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Address** |  |
| **Email Address** |  | **Phone Number** |  |

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| **Please tick all the times you could be available below. You must be available for at least one of the shaded times.** |
| **Day** | **Morning (9:00 – 12:00)** | **Afternoon (12:00 – 5:30)** | **Evening (5:30 – 8:30 and 7:30 – 11:30)** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Do you have any previous criminal convictions?** *This includes ‘spent’ convictions.* | **Yes** | **No** |
| **Do you have any access requirements?** *If you have answered yes, a trainer will contact you to discuss your needs.* | **Yes** | **No** |
| **Do you already know a woman who works or volunteers for SARSVL?** | **Yes** | **No** | **If yes, what is her name?** |

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| **Tell us about why you would like to volunteer with SARSVL (max 200 words)** |
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| ***I declare that all the information in this application is, to the best of my knowledge, correct.******I am available to attend all the Training dates, and have read and understood the accompanying information booklet.***  |
| Signature: |  | Date: |  |

**THANK YOU.**

Return your form to us by email to sarsvl.helpline.training@gmail.com or by post to PO Box 827, Leeds LS1 9PN.

Your form must reach us **no later than 5pm on 01/09/17.** Applications received after this deadline will not be considered.