

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

## **Helpline 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.

First Name	Surname	
Address		
Email Address	Phone Number	
	Ok to leave a voice mail?	

We ask that volunteers attend all sessions of the Helpline Training with a minimum requirement to attend 80% of the training programme (this gives flexibility to miss up to 6 hours of training depending on topic) Can you attend the dates of the sessions below? (tick Yes or No)

Session	Date	Day	Time	Atten	dance
Session 1	Saturday	28/09 2019	10am-5pm	Yes	No
Session 2	Tuesday	01/10 2019	5:30-8:30 pm	Yes	No
Session 3	Tuesday	08/10 2019	5:30-8:30pm	Yes	No
Session 4	Saturday	19/10 2019	10am-5 pm	Yes	No
Session 5	Tuesday	29/10 2019	5:30-8:30pm	Yes	No
Session 6	Tuesday	5/11 2019	5:30-8:30pm	Yes	No
Session 7	Saturday	09/11 2019	10am-5pm	Yes	No
		12 or 13			
	Tuesday or	November		Yes	No
Post Course interviews	Wednesday	2019	Time to be arranged (30 min)		

If you are not able to attend all the sessions, we might contact you to discuss extra arrangements to cover the content of missed sessions.

If you are not able to attend at least 80% of the sessions, we might not be able to accept your application at this time.

Please tick <u>all</u> the times you could be available for Helpline Shifts below. The current Helpline Opening Hours are				
noted in shaded times, so we require that you are available for at least one of these times.				
Day	Afternoon (12:00 – 5:30)	Evening (5:30 – 8:30 and 7:30 – 11:30)		
Monday		5:30-8:30pm		
Tuesday		7:30-11:30pm		
Wednesday		5:30-8:30pm		
Thursday		7:30-11:30pm		
Friday		5:30-8:30pm		
Saturday				
Sunday	(1:30-5:30pm)			

		mes:			
you have ongoing availability on one or more of these times?  Are you able to commit to 12 months on the Helpline once you have finished training and attend a					No
regular shift each week?  Do you have any access requirements? If you ha your needs.	ve answ	ered yes,	a trainer will contact you to discuss	Yes	No
Do you already know a woman who works or volunteers for SARSVL?	Yes	No	If yes, what is her name and in wh you know her?	at capa	city do
Tell us about why you would like to volunteer w	ith SARS	VL (max	200 words)		
We ask volunteers to commit to a minimum of 3 important to SARSVL Helpline? (max 200 words)		each we	ek for 12 months. Why do you think	this is	
Please give an example of when you have comm team or a volunteering commitment) (max 200 v		ur time a	nd energy to something. (for examp	le a pro	ject, a
Our volunteers are non-directive and non-judge listen and support them to make their own decis		This mea	ns that we don't tell a caller what to	do but	will

All calls to our Helpline are confidently who contact the Helpline, as well	•	•	tant to both wor	nen and	girls					
When supporting we man and sink		aus vafusia fuam talking sl		io overon	ionese					
When supporting women and girls Why do you think this is? (max 20)	•	ers reirain from taiking ai	oout their own iii	e exper	iences.					
	•									
Please tell us what you understand words)	d by diversity and inclusion	on, and why it might be im	nportant to SARS	VL? (ma	x 200					
All Helpline volunteers are legally	required to have an enha	nced Disclosure Barring Se	rvice (DBS) check	due to t	the					
nature of the service we provide of	on the Helpline. Everyone v	who applies to be a Helplin	ne volunteer will b	e asked	' to					
disclose if they have a criminal re			• •	•	ur					
volunteering with SARSVL. In ma	king a decision, we will cal	rejully consider any convic	tion's relevance t	volunteering with SARSVL. In making a decision, we will carefully consider any conviction's relevance to your						
Do you have any previous crimin	nal convictions? This inclu	des 'spent' convictions.								
Have you ever been restricted from working with children or vulnerable adults?			Yes	No						
				Yes Yes	No No					
					1					
Diagram with the many of two	reference Deference de met			Yes	No					
Please supply the names of two	•	have to be linked to your e	•	Yes	No able to					
Please supply the names of two comment on your suitability for to you are not able to provide the no	he role. Please do not inclu	have to be linked to your e ude people who are related	d to you. Please g	Yes  nust be	No able to					
comment on your suitability for the	he role. Please do not inclu	have to be linked to your e ude people who are related	d to you. Please g	Yes  nust be	No able to					
comment on your suitability for to you are not able to provide the no	he role. Please do not inclu	have to be linked to your e ude people who are related	d to you. Please g	Yes  nust be	No able to					
comment on your suitability for the you are not able to provide the not these at the later date	he role. Please do not inclu	have to be linked to your e ide people who are related e the application deadline	d to you. Please g	Yes  nust be	No able to					
comment on your suitability for the you are not able to provide the not these at the later date	he role. Please do not inclu	have to be linked to your e ide people who are related e the application deadline	d to you. Please g	Yes  nust be	No able to					
comment on your suitability for the you are not able to provide the not these at the later date	he role. Please do not inclu	have to be linked to your e ide people who are related e the application deadline	d to you. Please g	Yes  nust be	No able to					
comment on your suitability for the you are not able to provide the not these at the later date  Name:	he role. Please do not inclu	have to be linked to your e ude people who are related e the application deadline Name:	d to you. Please g	Yes  nust be	No able to					

Email:		Email:				
Capacity in which you know this		Capacity in which you				
referee:		know this referee:				
I declare that all the information in this application is, to the best of my knowledge, correct.  I am available to attend at least 80% of the Training dates, and have read and understood the accompanying						
information booklet.						
I understand that if I am successful in getting a place on the course, an Enhanced DBS check will be carried out.						

Phone Number (Day):

Date:

Phone Number (Day):

Signature:

## THANK YOU.

Return your form to us by email to info@sarsvl.org.uk with the subject line "Helpline Volunteer Application"

Your form must reach us no later than 16/09/2019 by midday. Applications received after the deadline will not be considered.