**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

At SARSVL we are committed to providing a service that is reflective of the survivors we serve in Leeds. We currently have an underrepresentation of women of colour and transgender women in our volunteer cohort. We especially welcome applications from women of colour and transgender women.

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

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| **We ask that volunteers attend all sessions of the Helpline Training with a minimum requirement to attend 80% of the training programme (this means flexibility to miss 1 session depending on the length of the session on the different dates) Can you attend the dates of the sessions below?**  |
| **Session** | **Date** | **Day** | **Time** | **Attendance** |
| Selection evening (mandatory) | 27/09/2021 | Monday | 18:00 – 20:00 | **Yes** | **No** |
| Session 1 | 07/10/2021 | Thursday | 17:30- 20:30 | **Yes** | **No** |
| Session 2 | 14/10/2021 | Thursday | 17:30 – 20:30 | **Yes** | **No** |
| Session 3 | 21/10/2021 | Thursday | 17:30 – 20:30 | **Yes** | **No** |
| **w/c 25th – Half term break** |
| Session 4 | 04/11/2021 | Thursday | 17:30 – 20:30 | **Yes** | **No** |
| Session 5 | 11/11/2021 | Thursday | 17:30 – 20:30 | **Yes** | **No** |
| Session 6 | 18/11/2021 | Thursday | 17:30 – 20:30 | **Yes** | **No** |
| Session 7 | 25/11/2021 | Thursday | 17:30 – 20:30 | **Yes** | **No** |
| Session 8 | 29/11/2021 | Monday | 17:30 – 20:30 | **Yes** | **No** |
| Post-course interviews(can be arranged to other date ) | w/c 29/11/2021 or 06/12/2021 | Flexible | Flexible 30 min slots | **Yes** | **No** |
| **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.** |

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| **Please tick and specify all the times you could be available for Helpline Shifts below. The current Helpline Opening Hours are noted in shaded grey times. You must be able to do at least 1 of the times shaded in grey. Please also put down any other times you would be available as this will help with helpline rota management** |
| **Day** | **Morning (9:00 – 12:00)** | **Afternoon (12:00 – 5:30)** | **Evening (5:30 – 8:30 and 7:30 – 11:30)** |
| **Monday** | 11:30 – 14:30 |  |  |
| **Tuesday** |  |  | 19:30 – 22:30 |
| **Wednesday** |  |  | 17:30 – 20:30 |
| **Thursday** |  | 13:30 – 16:30 |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  | 18:00 - 21:00 |

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| **We are particularly short of volunteers with availability on a Monday and Thursday shift. Do you have ongoing availability on one or more of these times?**  | **Yes** | **No** |
| **Are you able to commit to 12 months on the Helpline once you have finished training and attend a regular shift each week?** | **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 someone who works or volunteers for SARSVL?** | **Yes** | **No** | **If yes, what is their name and in what capacity do you know them?** |

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| **Tell us about why you would like to volunteer with SARSVL (max 200 words)** |
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| **We ask volunteers to commit to a minimum of 3-4 hours each week for 12months. Why do you think this is important to SARSVL Helpline?** **(max 200 words)** |
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| **Please give an example of when you have committed your time and energy to something. (for example a project, a team or a volunteering commitment) (max 200 words)** |
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| **Our volunteers are non-directive and non-judgmental. This means that we don't tell a caller what to do but will listen and support them to make their own decisions. Why do you think this is important and what do you understand about this approach? (max 200 words)** |
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| **All calls to our Helpline are confidential to SARSVL. Why do you think this is so important to survivors who contact the Helpline, as well as for volunteers? (max 200 words)** |
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| **When supporting survivors our Helpline, volunteers refrain from talking about their own life experiences. Why do you think this is? (max 200 words)** |
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| **Please tell us what you understand by diversity and inclusion, and why it might be important to SARSVL? (max 200 words)** |
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| *All Helpline volunteers are legally required to have an enhanced Disclosure Barring Service (DBS) check due to the nature of the service we provide on the Helpline. Everyone who applies to be a Helpline volunteer will be asked to disclose if they have a criminal record or not.* *The disclosure of a criminal record will not necessarily prevent your volunteering with SARSVL.  In making a decision, we will carefully consider any conviction’s relevance to your volunteer role at* *SARSVL.* |
| **Do you have any previous criminal convictions?** *This includes ‘spent’ convictions.* | **Yes** | **No** |
| **Have you ever been restricted from working with children or vulnerable adults?** | **Yes** | **No** |

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| **Please supply the names of two referees.** *Referees do not have to be linked to your employment but must be able to comment on your suitability for the role. Please do not include people who are related to you. Please get in touch if you are not able to provide the names of the referees before the application deadline as we might be able to accept these at the later date* |
| Name: |  | Name: |  |
| Job Title (if relevant): |  | Job Title (if relevant): |  |
| Phone Number (Day): |  | Phone Number (Day): |  |
| **Email:** |  | **Email:** |  |
| Capacity in which you know this referee: |  | Capacity in which you know this referee: |  |

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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 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, and retained for a minimum of 12 months.***  |
| Signature: |  | Date: |  |

**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 Monday 20/09/21 at midnight**