

Registered Charity Number 299052

**VOLUNTEER COUNSELLOR**

### APPLICATION FORM

Name: ……………………………………………………………………….. Date of Birth: ………………………………..

Marital Status: ………………………………If married previous name: ……………………………………………..

Address: …………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………. Post Code …………………………………

Home Telephone No. ………………………………………………… Mobile No. ………………………………………..

Email address: ………………………………………………………………………………………………………………………….

How long have you lived in this area? …………………………………………………………………………………….

Place of Birth: ………………………………………………………………………………………………………………………….

Number of Children: …………………………………………………. Age(s) ……………………………………………..

Please list your hobbies/interests:

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Are you, or have you ever been, an assistant in social work or other voluntary organisations?

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Please give details of any training or other experience which you feel will be helpful in this work:

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What do you imagine you would be able to offer a client?

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What times would you be available for volunteer work? Please state day(s)/time(s):

Have you ever been convicted of a criminal offence? If so please give details. We are required to submit a police check with the Disclosures and Barring Service on behalf of all volunteers.

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If you have not been living at your present address for the last five years please give details of previous addresses for the last five years, with dates. (Required for the police check).

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How many personal therapy hours have you had? (25 hour minimal requirement)………………

Any other work or personal information which you feel would be useful:

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Have you previously applied to become a Volunteer with the One to One Project? Yes/No

If yes, when was this? ……………………………………………………………………………………………………………..

**Full Name and Address** of two referees who we will contact to support your application:

(One **must** be from your G.P. to state that there is not a mental health/medical reason why you should not do this work and the other **must** be a character reference)

**G.P:** …….…………………………………………….. Character**:** .…………………………………..……….

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……………………………………………………………. …………………………………………………………….

**Post code** …………………………………………… **Post code** ……………………………………………

Signature ……………………………………………… Date …………………………………………………..

Please return completed form to:



Deborah Regan

One To One Project

Nelson House

Bergen Way

North Lynn Industrial Estate

King's Lynn

Supported by Stephen Fry

PE30 2JG[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&docid=mUw7sBbUgCs1AM&tbnid=6-7rLddWfsGoVM:&ved=0CAUQjRw&url=http://mybnk.org/about/funders/tudor-trust/&ei=z5ZmUrL8MOaX1AX21IDwCQ&bvm=bv.55123115,d.d2k&psig=AFQjCNFpEfLgr-k7_Y5J2pvNR9PvNgCDtQ&ust=1382541382047276)

Nelson House – Bergen Way – King’s Lynn – PE30 2JG

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