

**Survivors' Network - Volunteer Application Form**

**How to apply**

Please complete the application form below and return it to [sara@survivorsnetwork.org.uk](mailto:sara@survivorsnetwork.org.uk). If you would like a printed copy, please contact the same email address. If the application is successful, you will be invited to an informal group interview.

**Applications closing date:** April 15th 2024 09.00

**Interviews:** Week commencing 22th April – via Zoom

Our building has several stairs. Please let us know if you have any accessibility needs.

**Personal Information**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Home address |  |
| Home telephone |  |
| Mobile telephone |  |
| Email |  |

Emergency contact

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Home telephone |  |
| Mobile telephone |  |
| Email |  |

**Availability: Please tick all that apply**

|  |
| --- |
| When can you volunteer? Tick/Circle/Highlight all that apply. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Weekdays daytimes | M | T | W | Th | F | | Weekday evenings | M | T | W | Th | F | |
|  |

|  |
| --- |
| Are you applying to volunteer with Survivors' Network for the first time? **Yes No** |
| If no: how have you been involved as a volunteer with Survivors' Network in the past? *Please specify in what capacity and when was your last contact.* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| How did you find out about volunteering with Survivors’ Network? | | | |
| Survivors’ Network website | □ | Survivors ‘Network Social Media | □ |
| From a friend | □ | University | □ |
| Social Media other | □ |  |  |
| Other (please specify) | | | |
|  | | | |

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| --- |
| Have you used our services in the past two years? □ **Yes** □ **No** |
| If yes, please could you tell us which service and when? |

**About you**

|  |
| --- |
| Why do you want to volunteer with Survivors' Network? Why is now the right time for you to commit to this?  *(200 words max)* |
|  |
| What would you like to gain from volunteering with SN? *(150 words max)* |
|  |
| Please tell us which qualities do you feel you have that are important to volunteering for SN?  *(100 words max)* |
|  |
| What aspect of volunteering for us would be most difficult for you? How do you think you would manage this and what support do you think you would need?  *(200 words max)* |
|  |
| Volunteers are required to have good listening skills and an empathic approach. Please tell us how you meet these criteria?  *(200 words max)* |
|  |
| Volunteers are required to demonstrate a commitment to the service and to be a reliable member of the team (we ask for 3-4 shifts per month plus attendance of clinical supervision) Please tell us how you meet these criteria:  *(200 words)* |
|  |
| Survivors’ Network values diversity and aims to reflect and represent the city’s communities in the volunteer team. We are currently under-represented in the following areas and actively welcome applications from:   * Self-identifying women over 45 * Self-identifying women who are disabled (please note that services that take place in our building are up one or more flights of stairs) * Self-identifying women from a BAME background   Please indicate if you have lived experience in any of these areas.  *(350 words max)* |
|  |
| Please tell us about any qualifications or training you have which may be beneficial to this role. |
|  |
| Please note any others skills, experience, or qualities you possess that would equip you and make you suitable for the volunteer role, particularly in relation to: working with clients from a range of backgrounds, working with data, keeping boundaries and keeping confidentiality (give examples were possible).  *(350 words max)* |
|  |

Please provide details of past employment (paid, unpaid, education) highlighting relevant skills and attributes for your work with Survivors’ Network.

|  |  |
| --- | --- |
| **Position 1** | |
| Name of organisation |  |
| Position |  |
| Period of employment |  |
| Duties |  |

|  |  |
| --- | --- |
| **Position 2** | |
| Name of organisation |  |
| Position |  |
| Period of employment |  |
| Duties |  |

#### **References**

Please provide two references, excluding relations or friends, whom we can contact to verify your application.

**We will contact your references at interview stage unless you specify otherwise.**

|  |  |
| --- | --- |
| **Reference One** | |
| Name |  |
| Relationship to you |  |
| Email |  |
| Phone |  |
| Length of time known |  |
|  |  |

|  |  |
| --- | --- |
| **Reference Two** | |
| Name |  |
| Relationship to you |  |
| Email |  |
| Phone |  |
| Length of time known |  |

**DBS**

All volunteers will be required to undergo an enhanced DBS check before they start volunteering.

|  |
| --- |
| Have you ever been convicted of a criminal offence? Or been restricted from working with children? Yes/ No |
| If yes, please give details: |

**Declaration**

I declare to the best of my knowledge and belief, all details I have given are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from volunteering with Survivors' Network. I understand that any offer is subject to references, an interview and initial training, all of which must be deemed by Survivors’ Network as satisfactory.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature |  | Date |  |

**Please email this form to the Service User Involvement Officer, sara@survivorsnetwork.org.uk**

**01273 203380**

**6A Pavilion Buildings, Brighton BN1 1EE**

**Privacy Statement:** Survivors Network will keep the information on this application in order to process and assess your suitability as a volunteer. If you are successful, we will talk to you about our privacy policy and how we hold your information. If you are unsuccessful, we will destroy it after six months. If you would like any further information on this please contact Jay Breslaw at jay@survivorsnetwork.org.uk

**Thank you for your volunteer application**

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