

**APPENDIX 1B
APPLICATION FOR PROSPECTIVE VOLUNTEERS**

Thank you for your interest in the Samaritans.
All answers to this application form will be treated in the strictest of confidence.

1.

(Mr/Mrs/Miss/Ms/Other) Family Name:	Ms Sonia Groves (123)
Other names:	
Date of Birth:	
Address:	
Post Code:	
Home Tel (if any):	
Work Tel (if convenient):	
Mobile No:	
E-Mail Address:	

2. Why have you applied to join the Samaritans now?
(if you have seen or heard an advertisement or mention on Radio, TV, Press etc, please tell us when and where)

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3. Are you applying to become a listening volunteer or a support volunteer?

- Listening Volunteer
- Support Volunteer

4. Fill in (a) if you wish to apply to become a listening volunteer, (b) if a support volunteer

a) For listening volunteers our duty times are various over 24 hours and the normal commitment is 4 duties per month (includes one night duty).

Will you be able to comply with this? Yes / No

(Please explain the reason for any difficulty so that we can discuss whether it can be avoided)

Section 1
The Pathway to Membership

WITH SAMARITANS

b) For support volunteers, in which are would you like to be involved:

- | | |
|---|--|
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Volunteer recruitment |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Maintenance of Branch |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other (please state) |

5. Have you ever been a member of a Branch? If so, which one?

Yes / No

Reason for leaving?

6. Please not that you will be expected to attend regular support and further training meetings

7. Please give the names and addresses of **TWO** people (not related to you) whom we may ask for references. They don't have to be GP's, JPs or MPs – just people who know you well and can make a sound assessment of your qualities. Please get their consent first.

i.

Name	
Address	
Post code	

ii.

Name	
Address	
Post code	

We thank you for your interest in our work and will contact you as soon as possible to discuss your application.

Please note that under the terms of the Data Protections Act 1998 the Samaritans has to inform you that the information you have provided here, and other information you may provide us with in the future, will be processed by the Samaritans company and it will be used to:

- I. Manage the volunteer resources of the Charity(ies).
- II. Collate statistical data

It will not be discussed to any other organisation

APPLICATION FOR MEMBERSHIP

These questions are subject to the provisions of the Rehabilitation of Offenders Act (1974). You are legally entitled to withhold information about convictions which may, under the Act, be regarded as spent.

Previous Criminal Convictions

Do you have any criminal convictions?

(Please note that a disclosure of a criminal conviction does not necessarily preclude you from becoming a volunteer).

Yes No

If yes, please give full details of the nature of the offence, court and date of convictions and sentence

Have you received cautions or binding over orders?

Yes No

If yes, please give full details

Are you subject to any outstanding criminal proceedings that may result in a conviction?

Yes No

If yes, please give full details

NAME (in full)

Signature

Date

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Category 1

- A) Offences which involve physical or sexual assault or indecency towards children
- B) Any other physical or sexual offences against children not contained in (a)

Category 2

Serious offences where a penalty of greater than a conditional discharge has been imposed involving:

- A) Physical assault
- B) Sexual assault
- C) Drug supply or abuse

Category 3

- A) Less serious forms of Category 2
- B) Category 2 offences committed more than five years ago
- C) Offence of dishonesty