

APPLICATION FOR NEW VOLUNTEERS to BRENT SAMARITANS:

Please return completed forms to:

Leila, Brent Samaritans, 1 Leopold Road, London NW10 9LN

Thank you for your interest in the Samaritans.

Your application will be treated in the strictest confidence

PLEASE USE BLOCK CAPITALS FOR THIS SECTION!

1. Full name

Address.....

.....

Home tel (if any): **Work tel** (if convenient):.....

Mobile tel:..... **E-mail address:**.....

Occupation

Date of application**Date of Birth**.....

2. What is the main reason you want to volunteer with Samaritans? (If you are responding to an advertisement or flyer, please tell us what and when it was.)

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3. Please tell us a little about yourself, and about any other voluntary work you may have done, or any special skills or interests you think may be relevant.

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4. Are you applying to join as

A: A Listening Volunteer? **B: A Support Volunteer?** **C: Either?**

4.A Prospective Listening Volunteers, the usual commitment is four duties a month, including one late night shift. Most shifts are four hours long and there are shifts starting at 7am, 11am, 3pm, 7pm, 10.30pm and 2.30am.

Will you be able to comply with this? YES / NO (Please delete as appropriate)

Please explain the reason for any difficulty so we discuss whether we can accommodate it.....

.....

Please note, Listening Volunteers commit to at least 5 hours of On-going Training each year in addition to undertaking their duties.

We also have regular branch meetings, which generally include a presentation from an invited speaker. Branch meetings are optional but they are important to the life of the branch.

Please fill in section (A) if you wish to apply to become a Listening Volunteer, or section (B) if you wish to become a Support Volunteer:-

A) What qualities do you have that you believe would help in dealing with people in distress?

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B) For Support Volunteers, in which area would you like to be involved:-

- | | |
|--|---|
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Administrative support | <input type="checkbox"/> Maintenance of the Branch |
| <input type="checkbox"/> Fundraising | |

Other: **(please state)**.....

Please note Support Volunteers are required to sign our confidentiality agreement, and will be invited to join at least part of the Initial Training Course to gain an understanding of Samaritans, the service, and to benefit from the training in listening skills.

5. Have you ever been a Samaritan volunteer? Yes/No

If yes, please give branch and dates

Reason for leaving.....

6. Have you ever been a Samaritan caller? Yes/No

If yes, please give approximate dates.....

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7. Have you had any emotional/mental health difficulties? If so please give very brief details.

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Samaritan work is emotionally demanding and requires resilience and self-knowledge. This is something we will explore with you during the application process. Anything you disclose to us, and our subsequent discussions remain fully confidential. It is neither an advantage nor a disadvantage to answer Yes to questions 6 and/or 7.

8. Undertakings

If accepted to train and join us as either a Listening Volunteer or a Support Volunteer, you will be asked to sign the follow undertakings:

- 1. to respect the confidentiality of callers and volunteers, both during and after membership of Samaritans**
- 2. to co-operate with the Director and other members of the branch**
- 3. to respect and abide by Samaritan rules and procedures**
- 4. not to allow involvement with Samaritans to harm relationships with family, friends and community**
- 5. to accept responsibility for completing agreed shifts or arranging appropriate cover**
- 6. to fulfil initial and ongoing training obligations**

Signed

Date

REFERENCES

Your Name:

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 GPs, JPs or MPs - just people who know you well and can make a sound assessment of your personal qualities.

Please get their consent first. We will send them a short form to fill in as a reference for you and ask them to return it within the week, if possible.

1. Name

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Address:

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Post Code **Telephone No.**.....

2. Name

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Address:

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Post Code **Telephone No.**.....

Disclosure (Criminal Records Check)

Please note, should you be selected for our Initial Training Course, Samaritans will require you to undergo a Criminal Record check (the "Standard" level of disclosure) through the Criminal Records Bureau (CRB).

A criminal record will not necessarily be a bar to your becoming a Samaritan volunteer.

Copies of Samaritans policies and procedures on the Recruitment of Ex Offenders and Secure Handling, Use, Storage and Retention of Disclosure Information will be available at the meeting.

Samaritans is committed to eliminating unjustifiable discrimination against anyone for any reason including their race, colour, nationality, ethnic or national origin, religion, sex or sexual orientation, working pattern, marital status, gender reassignment, disability, age, political opinion or family status.

Please note that under the terms of the Data Protection 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..*

CONFIDENTIAL 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

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Have you received cautions or binding over orders?

Yes

No

If yes, please give full details below:

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

Yes

No

If yes, please give full details

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NAME

(in full)

Signature Date

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CATEGORIES OF CONVICTIONS

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) Offences of dishonesty

Notes on convictions:

Under the Rehabilitation of Offenders Act 1974 any conviction can be regarded as spent provided:

- The conviction did not carry a sentence excluded from the Act, such as a custodial sentence of over two and a half years
- No further convictions occurred within the rehabilitation period
- 10 years has elapsed where the sentence is imprisonment of 6 months to 2 ½ years
- 7 years has elapsed where the sentence is imprisonment of less than 6 months
- 5 years has elapsed where the penalty is a fine
- 1 year has elapsed where the penalty is a probation order, conditional discharge or bound over
- 6 months has elapsed where the penalty is an absolute discharge

Once a conviction is regarded as “spent”, the rehabilitated person does not have to reveal its existence in most circumstances and can answer “no” to the question “do you have a criminal record?”.

