Woodside Bereavement Service

The Listening Ear

Volunteer Application Form

|  |  |
| --- | --- |
| Name:**(Block capitals please)****Date of Birth:****Email:** | Address:**Tel No:****Mobile:** |

|  |
| --- |
| Please tell us something about why you are interested in becoming a volunteer bereavement counsellor with WBS at this time |
| Please tell us about any experience you have had as a listener or other supporting roles offering counselling, whether paid or unpaid |
| Please tell us about any training you have had or are currently engaged in that is appropriate to this application (please give dates) |

|  |
| --- |
| Tell us something about your own experiences of loss and bereavement. Please say what you felt helped or hindered you in your bereavement? |
| **What skills, experience, or strengths do you feel you would bring to volunteering as a bereavement counsellor?** |
| **Please tell us about any other volunteering experience you have had, including church activities** |
| Please circle yes or no as appropriate to the following statements.**1. I confirm that I have not been bereaved in the last 18 months Yes/No****2. I confirm that I have read and understood the procedure concerning**  **protection of children and young people and confirm that I have not** **been convicted of a criminal offence against a person aged 18 and**  **under Yes/No****3. I understand that a Disclosure Barring Service check will be undertaken in**  **line with WBS policy Yes/No****4. I feel able to make a commitment to the whole training course Yes/No****5. I feel able to volunteer as a bereavement counsellor for 2 years on**  **completion of the training course Yes/No**  |
| **References: Please provide the names of 2 referees one professional and one personal. NB. your referee should not be a family member.** |
| Title: Title:Name:  Name:Address: Address:Email: Email:Tel/Mobile: Tel/Mobile:Relationship: Relationship:On receipt of your application, the training coordinator may request an informal interview either in person or over the phone before you join the course. However, you will have an interview at the end of the course prior to your acceptance as a WBS volunteer. Volunteers should be aware that acceptance for training is not an automatic invitation to join the team at the end of the coursePlease return your form as soon as possible to: The Coordinator, WBS, Waterside Centre, 25 Avenue Road, London, SE25 4DX or via email to wbs@thelisteningear.org.uk**NB**: We do have limited spaces, but a waiting list will be held. |
|  |

Registered Charity No.1041666 Tel.No.020 3256 2009