



The Haven Pregnancy Counselling Centre  
Charity No. 1094932

## Trained Advisor Offering Counselling Volunteer Application

Date of Application: \_\_\_\_\_

### 1. Personal Details

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Which role are you interested in applying for? (Please indicate)

Unplanned Pregnancy Advisor \_\_\_\_\_ Pregnancy Loss Advisor \_\_\_\_\_ Both \_\_\_\_\_

Please tell us why you would like to volunteer with The Haven? Detail any special interests / skills you have that would be relevant to the work of the Haven, including training and qualifications? (Continue on the reverse if necessary.)

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\_\_\_\_\_  
\_\_\_\_\_  
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Please tell us about your Christian experience including the church(es) you have belonged to over the last 5 years.

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Have you discussed with your church leader your interest in volunteering at the Haven?

Yes \_\_\_ No\_\_\_ (Please indicate)

Are you currently working?

Yes \_\_\_ No\_\_\_ (Please indicate)

If yes, please give details:

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Have you ever had an offer to work with young people/children declined?

Yes \_\_\_ No\_\_\_ (Please indicate)

If yes, please give details:

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Do you suffer, or have you suffered any illness (including mental illness) which may affect your work?

Yes \_\_\_ No\_\_\_ (Please indicate)

If yes, please give details:

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Please describe briefly your own pregnancy experience/history, and how far you feel you have been able to work through any difficult issues (continue on the reverse if necessary). We realise this is a sensitive question but need to ask because this work is likely to expose any unresolved areas, and it is therefore important to discuss it at interview.

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## 2. Convictions

Have you ever been charged with or convicted of a criminal offence; or are you at present subject to a criminal investigation?

Yes \_\_\_ No\_\_\_ (Please indicate)

If yes, please give details and dates including the nature of the offence:

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Have you ever been involved in court proceedings concerning a child for whom you have parental responsibility?

Yes \_\_\_ No\_\_\_ (Please indicate)

If yes, please give details and dates:

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### 3. References

In the space below please give the names, email addresses and telephone numbers of two referees. At least one of your referees must have known you for at least 2 years, and neither should be members of your immediate family. One should be your current Church Leader – please state which one this is. (Please ask their permission first.)

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b]

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I understand that an enhanced criminal records (DBS) check will be carried out.  
I confirm that the information I have submitted is correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

#### **When completed please return to:**

The Haven Pregnancy Counselling Centre  
54a Church Road,  
Burgess Hill,  
West Sussex,  
RH15 9AE

**01444 233 333**

[info@havencentre.org.uk](mailto:info@havencentre.org.uk)