



The Haven Pregnancy Counselling
Centre Charity No. 1094932

Application to Volunteer for The Haven Schools Work

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)

Presenter ____ Assistant ____ Both (willing to do either) ____

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 Haven Schools Work, including training and qualifications? (Continue on the reverse, if necessary.)

If you are a Christian, please tell us about your Christian experience, including the church(es) you have belonged to over the last 5 years.

Have you discussed with your church leader your interest in volunteering at The Haven (if applicable)?

Yes ___ No___ (Please indicate)

Are you currently working?

Yes ___ No___ (Please indicate)

If yes, please give details:

At what times are you available during school hours in term time? Please detail your availability.

Could you be available at short notice, in case another team member is unable to attend a lesson?

Yes___ No___

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

Yes ___ No___ (Please indicate)

If yes, please give details:

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:

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:

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:

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. If possible, one should be your current Church Leader – please state which one this is. (Please ask their permission first.)

a]

b]

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