



One to One Project

Counselling • Mentoring • Group Work

Registered Charity Number 299052

VOLUNTEER STUDENT COUNSELLOR APPLICATION FORM

Name: Date of Birth:

Marital Status: If married previous name(s):

Address:

.....

..... Post Code:

Home Telephone No. Mobile No.

Email address:

How long have you lived in this area?Place of Birth:.....

Number of Children: Age(s)

Please list your hobbies/interests:

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Are you, or have you ever been, an assistant in social work or other voluntary organisations?

YES / NO

If yes please give details:

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Please give details of any training or other experience which you feel will be helpful in this work:

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What do you imagine you would be able to offer a client?

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What times would you be available for volunteer work? Please state day(s)/time(s):

Have you ever been convicted of a criminal offence? If so please give details. We are required to submit a police check with the Disclosures and Barring Service on behalf of all volunteers.

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If you have not been living at your present address for the last five years please give details of previous addresses for last five years, with dates. (Required for police check)

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How many personal therapy hours have you had? (25 hour minimal requirement).....

Any other work or personal information which you feel would be useful:

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Have you previously applied to become a volunteer with the One to One Project?

If yes, when was this?

Full Name and Address of three referees who we will contact to support your application:
(One **must** be from your G.P. to state there is not a mental health/medical reason why you should not do this work, one **must** be from your tutor and the third a character reference).

Tutor:

G.P.

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Post code

Post code

Character:

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.....

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Post code

Signature

Date

Please return completed form to:

Hannah Cooper
One To One Project
Nelson House
Bergen Way
North Lynn Industrial Estate
King's Lynn
PE30 2JG

