

**HOME VISITING SERVICE
VOLUNTEER APPLICATION FORM**

Personal information	
First name/s:	Date of Birth:
Surname:	For insurance purposes
Known as any other name:	
Home address:	Telephone:
	Home:
	Mobile:
Postcode:	
Email:	

Which type of support are you able to offer?

Volunteers offering reflexology and massage need to hold a recognised qualification e.g. ITEC or equivalent. Volunteers offering counselling need to have completed at least two years of a diploma level training. Please tick.

Massage	<input type="checkbox"/>	Befriending	<input type="checkbox"/>	Aromatherapy massage	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	Counselling	<input type="checkbox"/>		<input type="checkbox"/>

If you are interested in volunteering to give counselling, massage, reflexology to our clients, please give details of:

a) Initial training and qualifications

b) Details of further training

c) Work experience in this field

Please list all the areas that you are willing and able to travel to:		
Borough:	Areas: <i>and postcodes</i>	Time Available e.g. daytime only, evening only, anytime
Wandsworth		
Lambeth		
Merton/ Southwark		
Kensington & Chelsea		

What do you hope to gain by being a volunteer in Home Visiting?

What personal or life experiences have you had that you think might help you to fulfil the role of a volunteer on the Home Visiting Service?

What are your present commitments? eg carer or in full time employment

What are your reasons for wanting to do voluntary work now?

What is your experience of working or living with people from different ethnic and religious backgrounds and cultures?

Please mention any serious illness and disability.

Have you had a personal diagnosis of cancer? If yes, when was your date of diagnosis?
(please note that volunteers must be 18 months post primary diagnosis & not currently receiving treatment)

Have you had any major personal loss in the last two years (e.g. redundancy, bereavement, divorce, other major illness? You may need some more time before you undertake training for this work.

FURTHER INFORMATION

Please use this space to add anything else you would like.

REFERENCES

Please give the names, occupations, address and telephone numbers of two people who can provide references. One should be an individual who knows you on a professional basis. Please let your referees know that the Home Visiting Service will get in touch.

Name:	Name:
Job Title	Job Title
Address: Email address preferred please	Address: Email address preferred please
Postcode:	Postcode:
Telephone:	Telephone:
Relationship:	Relationship:

I hereby confirm that the information given is to the best of my knowledge accurate and true.

Signed:

Date:

Please return this form to: The Home Visiting Co-ordinator
Paul's Cancer Support Centre,
20-22 York Road London SW11 3QA

Or to hvisits@paulscancersupport.org.uk

www.pauls.org.uk

Charity Registration Number: 1128295 Company Limited by Guarantee Number: 6802920