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**Volunteer HOPE Facilitator Application Form**

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| Name: Address: | Date of Birth: Email:Telephone/Mobile:Preferred Method of Contact: |

Where did you hear about HOPE?

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HOPE is often delivered online. For Face to Face delivery what area/town/s would you prefer to deliver HOPE?

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Why would like to volunteer as a HOPE Facilitator?

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What specific experience will you bring to the role?

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Do you have any previous coaching or mentoring experience? YES/NO

Have you completed the ASIST training or any other Suicide Prevention training? YES/NO

**Days/hours available?** *(Please tick)*

*The HOPE programme delivery is a 2.5 hr session over a 6 week period delivered by two Facilitators (this can be shared between three facilitators to reduce this to 3 or 4 sessions per facilitator for each programme)*

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

Expectations of the Role of a HOPE Facilitator:

* The expectation is that a HOPE facilitator will deliver a minimum of one but preferably two HOPE programme/s per year.
* If delivering HOPE within your employment role then permission must be obtained from employer to attend the initial two-day HOPE Facilitator Programme and an annual half day update session.

**Criminal Records Check**

A Disclosure and Barring Service (DBS) check at an enhanced level is normally required for this role. All information provided by applicants will be treated as strictly confidential unless we have to share with our funders; we will inform you if this is the case.

Do you already have an enhanced DBS certificate within the last two years? YES/NO

If yes are you on the update service? YES/NO

**References**

*Please give the names and addresses (preferably e-mails) of two referees (not relatives or partners), who have known you for 2 years or more, they will be approached before your placement can be confirmed. As well as previous employers consider previous volunteering placements or community groups that you have attended on a regular basis.*

|  |  |
| --- | --- |
| Name: | Name:  |
| Address: | Address:  |
| Telephone: | Email: | Telephone: | Email: |
| How do you know this person? | How do you know this person? |
| How long have you known them? | How long have you known them? |

**DECLARATION**

I confirm that I am happy to have a DBS check if required and I am able to attend (online where necessary) the essential training required to undertake the role. All the information I have provided is correct and I wish to apply to be a volunteer with Volunteer Cornwall.

I agree to committing to the delivery of a minimum of one HOPE programme per year.

I also agree to my details being recorded on a secure database by Volunteer Cornwall staff to support my application and volunteering role. This is in accordance with the latest GDPR and Data Protection regulations. Please visit our website for our Privacy Notice <https://www.volunteercornwall.org.uk/about-us/data-security-and-protection/your-data-and-your-rights/privacy-notices>

Signature (this may be electronic): Date:

Volunteer Cornwall is fully committed to safeguarding and promoting the welfare of children, young people and Adults at Risk, which it is expected ALL staff and volunteers will share. We have robust recruitment and selection procedures in place to ensure that that we have the right people in place to provide a quality and safe service to our customers, partners and each other. This is to minimise the possibility of children, young people and adults suffering harm from those in a position of trust. Successful applicants are expected to undertake an enhanced criminal record check.