

## MK-ACT VOLUNTEER PROJECT Volunteer Application Form

Personal Detai	ils							
Name:								
Address:								
						_		
	Post Code:							
Phone:	OK to leave Message?							
Email:			-	10/		<b>-</b> ·	0.1	
Availability: Please list	A.M	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
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possible.	P.M							
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Do you have an	ny regula	r commi	tments o	or respor	nsibilities	that ma	ay preve	nt you
from being flexi								
account?								
What attracts yo	ou at this	time to	offer a v	/oluntary	, commit	ment to	a dome	etic
abuse service?	ou at tine	time to	Office a v	olullal y	COMMIN	inchi to	a donic	Stic
45466 661 1166 .								



What skills or experience do you have which you think are relevant to working						
with MK-ACT? (For example; previous training, work experience or personal						
experience).						
What hobbies, talents, practical skills or interests do you have, that you think						
may be helpful in working with MK-ACT service users?						
What do you hope to gain personally from volunteering with MK-ACT?						



Please try to briefly respond to the following questions: They are not designed						
to catch you out, but to assess your level of awareness in order to ensure that						
training and supervision meet your needs.						
Why do you think women stay in relationships with abusive men?						
Why do you think that men are violent towards their partners?						
What do you think you may need to consider when working with people from a						
different background from yourself? (E.g. different ethnic background,						
different sexuality etc.)						



## References

Applicants are required to provide the names and contact details of two people who can provide a personal character reference in writing. These people must not be a spouse, partner or relative and should have known you for at least 1 year in a professional or personal capacity. References should reflect on your character and suitability to work with vulnerable people.

Referee 1.
Name:
Address:
Telephone/Mobile:
E-mail:
How long have you known this person?:
In what capacity do you know this person?:
in what dapasity do you know the percent.
Referee 2.
Name:
Address:
Telephone/Mobile:
E-mail:
How long have you known this person?:
In what capacity do you know this person?:



## **Criminal Records Bureau Check**

Applicants are required to complete an Enhanced Criminal Records Bureau (CRB) check. Previous convictions will not constitute an automatic bar to consideration of your application. However, in the event of an applicant being selected, discovery of failure to disclose previous convictions or pending court appearances could result in being asked to leave the project.

## Confidentiality

Applicants should be aware that the safety of clients is paramount and that an understanding of the need for confidentiality is essential to the role. You will be required to sign a confidentiality agreement and understanding of the issues will be covered in the volunteer training and selection. If you are knowingly aware that you have any relationship or connection with recent or current service users or have been a service user yourself, you will be required to disclose this at selection. This will not automatically bar you from being selected but may need to be discussed to ensure appropriate boundaries are maintained.

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I wish to be considered as a volunte	er for MK-ACT. I am willing to work within					
the aims and principles of MK-ACT.						
Signed:	Date:					