



**SURVIVORS OF  
BEREAVEMENT  
BY SUICIDE**

## HELPLINE VOLUNTEER APPLICATION PACK

National Office,  
The Flamsteed Centre,  
Albert St.,  
Ilkeston,  
Derbyshire.  
DE7 5GU.  
Tel 0115 9441117

admin@uksobs.org  
www.uksobs.org  
National Helpline 0300 111 5065



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Dear

### **Application to become a Helpline Volunteer**

Thank you for expressing an interest in becoming a Helpline Volunteer of Survivors of Bereavement by Suicide. I enclose an application pack, which explains the procedures involved and the forms which we require you to complete.

Please could you read the documents named in the induction pack, then complete the forms and return them to me at this office. Your application will then be emailed to the Board of Trustees to be considered at the next Trustees' meeting, if you are not in agreement with emailing your application out, please let the office know as soon as possible.

If you decide you no longer wish to be considered as a Volunteer, please could you let me know.

If there is anything else you wish to discuss, please do not hesitate to contact me.

Yours sincerely,

Eric Thwaites  
Chief Officer/Company Secretary

Enc.

## **SURVIVORS OF BEREAVEMENT BY SUICIDE**

### **VOLUNTEER CHARTER**

1. Volunteers will not be used to undertake work that is, or has normally been, performed by paid workers
2. Volunteers will have a clear idea of the tasks they are being asked to perform and of the responsibility that goes with them
3. Prospective volunteers will have a proper induction and training, where necessary, to prepare them for the tasks they will undertake
4. Volunteers will receive regular contact. A named individual will be responsible to their work and the volunteer will have regular access to this person to ensure adequate support
5. Volunteers will not suffer financially by doing volunteer work
  - They will receive out of pocket expenses
  - They will be provided with any equipment/tools/materials necessary to carry out their work
6. Volunteers will be adequately protected against risk through:
  - Implementation of Health and Safety legislation and procedures
  - The insurance(s) of the organisation
7. All members of the community will be offered an equal opportunity to volunteer with this organisation regardless of race, gender, ethnic background, sexuality, disability, caring responsibilities or social background
8. We aim to make the experience of volunteering worthwhile and useful to the individual

## **HELPLINE VOLUNTEER RESPONSIBILITIES AND PERSON SPECIFICATION**

Helpline Volunteers must be able to undertake calls on the helpline on a rota basis giving 4 hours per shift. A volunteer is allocated a four hour slot at any time and calls are taken in your own home, you will need to have a **landline** on your premises. The helpline is automatically diverted to your given timeslot on the rota to your landline. Helpline Volunteers will send out Bereavement packs and inform survivors of further news or information.

### **Responsibilities**

- Safeguard the good name and values of Survivors of Bereavement by Suicide
- Ensure the effective and efficient administration of Survivors of Bereavement by Suicide
- Ensure confidentiality is adhered to
- Ensure safety at all times
- Adhering to the shift rota (good time keeping)
- Keeping the helpline coordinator up to date if your circumstances should change

### **Person Specification**

A Helpline Volunteer should have the following key attributes and qualities:

- Bereaved by suicide for at least \*2 years
- Commitment to the organisation
- Flexible and open to people of other cultures, beliefs and sexual orientation
- Confident in handling people in distress
- Good telephone manner
- Caring and supportive
- Good, independent judgement
- Understand how the charity works

(03/19)



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## HELPLINE VOLUNTEER APPLICATION

(Please complete if possible in word processing format or in block capital letters using black ink)

### Personal Details

Name:			
Contact Address:			
Postcode:			
Home Telephone Number:		Mobile:	
Email:		Date of Birth:	

**References (should not be family members). Please note due to General Data Protection Regulations all Referees need to be aware and give consent to sharing their information to process your application.**  
Work Referee (paid or unpaid work)

Name:			
Address:			
Postcode:			
Telephone Number:		Mobile:	
Email:			

## Character Referee

Name:			
Address:			
Postcode:			
Telephone Number:		Mobile:	
Email:			

## Employment History (paid or unpaid) or attach C V

Start with most recent

Employer's Name:			
Address:			
Postcode:			
Employment Start Date:		Employment Finish Date:	
Responsibilities and Duties:			

**Work experience or involvement with the voluntary sector**

**Short biography (maximum 200 words)**

**Could you please state the main reason for applying to become a Helpline Volunteer for Survivors of Bereavement by Suicide.**

<b>How many years bereaved by suicide:</b>	
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<b>Please indicate which day(s) you are available:</b>	<b>Monday</b> <input type="checkbox"/> <b>Tuesday</b> <input type="checkbox"/> <b>Wednesday</b> <input type="checkbox"/> <b>Thursday</b> <input type="checkbox"/> <b>Friday</b> <input type="checkbox"/> <b>Saturday</b> <input type="checkbox"/> <b>Sunday</b> <input type="checkbox"/>
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<b>Please indicate your preferred 4 hour slot:</b>	<b>9am – 1pm</b> <input type="checkbox"/> <b>1pm – 5pm</b> <input type="checkbox"/> <b>5pm – 9pm</b> <input type="checkbox"/>
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Any information that you have given is confidential and by signing this volunteer application form you are giving consent to retain your data which we store for the purpose of Volunteering for Survivors of Bereavement by Suicide. The information you provide will be kept so that we may contact you to share information and follow the formal volunteer application process. If you should leave as a Volunteer the information you have provided will be retained for two years after date of leaving or three months if unsuccessful.

If you agree to your information being retained in this way, please tick the box

<b>Signature:</b>	
<b>Date:</b>	