

Sheffield Volunteer Doula Application Form

Personal Details			
Surname:	Forename(s):	Title:	DOB:
Address:			
Postcode:			
Daytime Telephone Number:	Evening Telephone Number:		
E-mail Address	Mobile Telephone Number:		

<p>Do you drive and do you have a car available for volunteering purposes? (Reasonable expenses will be reimbursed) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>As we are committed to equal opportunities we will consider making reasonable adjustments to volunteer roles where possible. Please give details of any assistance you may require in accordance with the Disability Discrimination Act.</p>

Special Skills or Qualifications
<p>Why are you interested in volunteering for this project?</p>

You need to be able to complete all the training to become a volunteer doula – can you commit to this time? (See leaflet for details).

Yes No

You will be expected to support a minimum of four women for several hours ante and post-natally as well as for the period for the birth. Can you commit to this?

Yes No

How did you hear about the Sheffield Volunteer Doula Project?

Do you speak any other languages? If so, which, and to what level?

Special Skills or Qualifications

The space below is provided so that you can give details about yourself. Please include anything that you feel would be relevant to the volunteer role you are interested in. Please list any previous employment or life experience including interests, hobbies or sports. We would also like to know if you have ever been a volunteer before.

Please use an additional sheet if you need to

References

Please give the name and address and telephone contact details of two persons from whom we may obtain both character and work experience references. Neither Referee can be a member of your immediate family or a close friend of yours and both must be over the age of 18.

Name		Name	
Occupation		Occupation	
Relationship to you		Relationship to you	
Address		Address	
Postcode		Postcode	
Email		Email	
Telephone		Telephone	

Disclosure

All volunteer applicants must complete an enhanced disclosure records check (DBS) , to ensure the safety of the children of whom we work.

Have you ever been convicted of a criminal offence?

Yes (if **yes**, please supply full details)

No

Declaration

I declare that the information on this form has been supplied by me and is correct.

Signed:

Date:

Please return your application form to: DoulaProject@sheffield.gov.uk

Volunteer Monitoring Form

Volunteer Position applied for:

Please state where you saw this position advertised:

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant, Employee, Director or volunteer receives less favourable treatment on the grounds of race, colour, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

White Black-Caribbean Black-African

Black other (please specify)

Indian Pakistani Bangladeshi

Chinese

Other (please specify)

Nationality

Male Female

Please return this form along with the Application Form.