

# The Compassionate Friends

## Application for Prospective Volunteers

Forename(s)..... Surname.....

Address.....

.....

..... Postcode.....

Landline No..... Mobile.....

Email.....

**How long have you been bereaved?**.....

**Please give brief details (including child or children's name(s), age, cause of death.**

**Are you a donating member of TCF**, receiving *Compassion* magazine? YES/NO

(This is required - to join contact the National Office on 020 8469 0022 or [info@tcf.org.uk](mailto:info@tcf.org.uk))

### Your involvement with The Compassionate Friends

Where did you hear about TCF? .....

When did you first make contact? .....

Have you been in contact with a TCF support Contact? YES/NO

Do you/have you attended a TCF support group? YES/NO

Have you ever used the National Helpline? YES/NO

Do you/have you visited the online Forum and/or TCF website? YES/NO

Have you ever attended a Gathering or a Retreat? YES/NO

Have you ever used the postal library? YES/NO

Do you follow TCF on Facebook or Twitter? YES/NO

**What volunteer role are you interested in?** Please tick all that apply, and circle any specialist areas.

- Local Support Contact
- Support Group Contact
- Siblings Support Contact
- Other specialist Contact e.g.

If you are applying to **volunteer on our National Helpline**, please complete the Helpline application form (available from [helpline@tcf.org.uk](mailto:helpline@tcf.org.uk) or 0345 120 3785).

Childless Parents Contact, Suicide Contact, Murder Contact, Web/Social Media moderator

**Why do you want to volunteer with The Compassionate Friends?**

**A little about you:** *Tell us about your qualities, experiences, skills which might help you in your role supporting others. Perhaps, also include something about your family, pastimes/hobbies, employment and voluntary work you have done before, health etc.*

**Anything else you would like to add?**

**Please supply details of 2 referees (not family members – one can be a TCF member)\***

Name ..... Name .....

Tel ..... Tel .....

Email..... Email .....

Occupation ..... Occupation .....

*\*References, if sought, will not be taken up until after the Initial Volunteer Training and Information Day.*

**All volunteers are required to undergo a DBS (Disclosure Barring Service) check and provide a Disclosure form. Do you have any objection to this? YES/NO**

Signed..... Date.....