**APPLICATION FOR CHILDLINE VOLUNTEER COUNSELLORS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID presented (1) *(copy to be placed on file)*:

 Passport

 Driver's License

 National Insurance Number

Educational History beginning with the most current educational achievement *(certificates must be provided and copied)*:

Institution & Degree Duration

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Give an outline of your work, or key skills from your current course:

What experience do you have of working with children?

What specific counseling skills do you have?

List your skills and computer software competencies (e.g, Word, Excel, Powerpoint, etc):

Have you ever been arrested, cautioned or convicted of any crime? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide full details of the offence, court and or police station details, any penalties, including fines and or imprisonment.

Do you have any previous training in counseling and if so please provide details:

Please list the type of counseling experience you have? (E,g, Face-to-face and/or telephone). Did your experience involve counseling children?

How confident would you be talking about sexual issues with children?

Childline operates on a non-discriminatory, non-judgmental and inclusive basis. How would you apply this approach?

What situations cause you to feel stressed? How do you deal with stress?

Have you had any experience of bereavement and/or any other loss in your family? How are you dealing with it?

Are you able to meet the level of commitment Childline is looking for, including face to face, training workshops and a minimum of one shift per week?

At Childline children are the center of everything that we do. Can you tell us specifically why you want to help children?

What motivated you to apply to volunteer for Childline?

Please provide details of two referees, both of whom have known you for over five years and are not related to you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DECLARATION

I verify that the information that I have provided is accurate. I understand that I will be asked to sign safeguarding and confidentiality agreements.

Signed: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Childline Jamaica Volunteer Application Checklist**

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Completed Application Form

 Resume

 2 Reference Letters ***(emailed or hard copy)***

 1Picture id (Either of the following: *Driver's License, Passport, or Voter’s Id)*

 Photocopy of degrees and certificates

 Proof of registration with CPSM (Council for Professions Supplement to Medicine) / licensure

<https://www.jampsych.com/licensure>

 Proof of registration/membership with Jamaica Psychological Society (where possible)

Following a scheduled in person interview, candidates who are deemed volunteers will need to sign/complete and submit the following:

1. Confidentiality Form
2. Contract Form - Volunteer Counselor and/or Trainer Contract
3. Terms of Reference & Volunteer Agreement
4. Copy of Police Record ***(at least a year old)***.

If you have to obtain one, please submit a copy of the receipt where EPOCC will reimburse you.

Persons who require a police record should visit any of the Inland Revenue Department Offices (Tax Office) and pay for the record.  The receipt must be in the name of the applicant.

The fees are:

**JA$3,000.00 - Regular Service- 21 working days**

**JA$6,000.00 - Express Service – 5 working days**

The receipt and the following documents must then be taken to the Technical Services Division (Criminal Records Office), 34 Duke Street, Kingston.

Applications may also be made at the Summit Police Station (St. James) and Area 2 Police Headquarters, Pompano Bay (St. Mary) on Tuesdays, Wednesdays and Thursdays ONLY.  **Next day service is NOT available at these locations.**

1.      Taxpayer Registration Number (TRN)

2.      Two passport-sized photographs (should not be certified or embossed)

3.      One of the following three pieces of VALID identification- i) Passport, ii) National Identification Card, iii) Drivers License

4.      If the police record is for overseas/travelling purposes, a VALID passport must be presented

**A letter of authorization must be provided if the police record is to be collected by someone other than the applicant.  The bearer must have identification.**