**APPLICATION FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name)  
   
apply to join New Kapporet, the Christian Helpline, as a Listening Volunteer.

**Personal Declaration of Faith**

I believe Jesus is the only Son and Word of God. I acknowledge Jesus as my Lord and Saviour. By the grace of God, in the power of the Holy Spirit, I am committed to following Jesus’ Way of Love.

**My contact details are as follows:**

Full address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If available)

Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data protection**Under the provisions of the Data Protection Act 2018, I hereby give my consent to New Kapporet retaining this personal information in a secure location for the purposes of communication and the sharing of organisational information, for so long as I am a volunteer with the organisation.

**Basic DBS check**I hereby give my permission for New Kapporet to undertake a Basic DBS (Volunteer) check on my application, on the understanding that I will be kept fully informed concerning the process and outcome.

**Time Commitment**I understand that being a Listener with New Kapporetinvolves me committing to a minimum of 8 hours per month on watch.

**My Availability for Training**I understand that the training programme involves 8 x 2-hour training modules spread over 8 weeks. The training is undertaken online, using Zoom. In a normal week, I am available to undertake this training at the following times (*Please complete below, indicating the best days for you and mornings, afternoons or evenings*):

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_**  
  
**NB: A typed signature will suffice.**

If possible, please supply at least one reference from someone who knows you well and who would support your application to become a Listener with New Kapporet.

**Reference 1**

|  |
| --- |
| **Name:** |
| **Address:** |
| **Email Address (if possible):** |
| **Contact telephone number:** |

**Reference 2**

|  |
| --- |
| **Name:** |
| **Address:** |
| **Email Address (if possible):** |
| **Contact telephone number:** |