



V1: LIVING BEYOND SUICIDE VOLUNTEER APPLICATION FORM (SUPPLEMENTARY)

Important: This form is to be completed in conjunction with the Anglicare-SA Volunteer Registration Form. Please contact Living Beyond Suicide on (08) 8301 4200 to request one. When completed please forward both forms to: Living Beyond Suicide, 184 Port Road, Hindmarsh, 5007.

1. Personal Details

Surname _____ First Name _____

Preferred Name _____ Date of Birth _____

Address _____

Post Code _____ Postal Address: _____

Phone: _____ (h) _____ (w) _____ (mobile)

E-mail: _____

Country of Birth _____ Gender: Male Female

Are you Indigenous/Torres Strait Islander? Yes No

2. Personal Experience

(a) **Have you experienced intense and long-term grief through the death of a loved one?**

Yes (please complete information below)

No (please go to question 3)

What was your relationship to the deceased? parent sibling partner child

grandparent relative close friend friend of the family other _____

Deceased's first name (optional) _____ Age: _____

Gender: Male Female Date of death: _____

(b) **Type of death?** Suicide Not suicide but sudden & unexpected Natural causes

3. Write a short statement about why you want to be a volunteer with Living Beyond Suicide

4. Have you participated in the LBS Suicide Postvention Training yet? Yes No

Please note that there is a selection process both before and after the training sessions for people offering to be directly involved with bereaved families. It is important both for the wellbeing of the volunteer and for the families themselves that only carefully selected people are involved at this level.

Others who are keen to support the service are encouraged to participate by raising the awareness in their community about the needs of the bereaved, helping with promotional activities, information gathering about other helpful services available in their communities and other practical tasks as negotiated.

Volunteers need to be able to attend all the training sessions to be eligible for selection. There will be several trainings offered each year in various locations across South Australia.

5. Area of Interest & Availability

(a) **Which area (s) of volunteering might you be interested in?**

- Direct practical and sensitive support to bereaved families in the *hours and days* after a suicide Family Support Volunteer
- Direct practical and sensitive support to bereaved families in the *weeks* after a suicide Family Carer
- Peer support / supervision of other volunteers Peer Support Volunteer
- Raising community awareness through presentations Volunteer Educator
- Promotion of Living Beyond Suicide in the community Friend of LBS
- Administrative assistance LBS Admin Volunteer

(b) How many hours per week (on an average) could you be available in LBS? _____

(c) Are you available for after-hours call outs if needed Yes No Unsure

6. Work and Other Experience

(a) Are you currently:

- a Student Home Duties Retired
- Employed full-time Employed part-time Unemployed
- a Centrelink Referral Other (please specify) _____

(b) What relevant qualifications do you have?

(c) Please provide details of current or previous occupation, and/or volunteering experience that may be relevant to your duties as a volunteer supporting families bereaved through suicide.

(d) How many hours per week do you currently work? _____

(e) Do you have a Mandatory Notification Certificate less than 3 yrs old? Yes No

(f) Do you have LifeLine Training? Yes No

(g) Which language(s) other than English can you speak? _____

(h) Which languages can you mostly understand but may not be fluent in? _____

(i) Do you have an active faith? Yes No If yes, which one? _____

7. How did you hear of the Living Beyond Suicide Service?

Word of mouth Anglicare website Newspaper Email Poster/Brochure

Service Provider (please specify) _____

Other (please specify) _____

Signed _____ Date _____

Thank you for your time in completing this form.

LBS will contact you to arrange an interview time as soon as possible.

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