

**Department of Counselling
Services**
Volunteer Screening Form

Please circle: Mr. Mrs. Ms.		Date:
Surname:	First Name:	
Postal Address:		
Street Address:		
District of Residence:		
Date of Birth:		

CONTACT NUMBERS	Home:	Work:	Cell:
Fax:	E-mail:		

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

How far in advance should we notify you of a volunteer opportunity? _____

Please indicate the highest level of education completed:		
Primary school	Middle school	High School
Some college/Technical school	College/University	Post-graduate
If you have completed a college/university degree, please indicate the type and field of study:		

Current Job Title:	Current Occupation:	Current Employer:
If you are a student, please indicate your present level		
Name and type of institution:		Number of years attended:

Languages spoken and/or written: _____

Do you have access to a car? YES NO

Have you been previously involved with the Department in a previous capacity? (please explain):

Why have you chosen the Department of Counselling services as a potential volunteer opportunity?

What are you hoping to gain from your experience with us? What skills can you offer the Department of Counselling Services?

What past work experiences have you had that may be useful to you in working with our agency?

Please indicate your past volunteer experiences, and with what organisation(s):

Organisation Name	Location	Tasks

Please circle the areas which you are most interested in helping the Department with or learning about:

Family/Parenting Programmes	Public Awareness Campaign Activities	Residential Treatment Services
Individual or Family Counselling/Therapy	Outpatient Drug Counselling	Young parent Services

Reason for above selection:

What do you consider your strengths and how could they be valuable to the organisation?

Do you anticipate any challenges that would affect your volunteer/internship commitment?

Please provide information for two references (professional and/or character only):

Name	Relationship	Phone Number
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I understand that the purpose of this application is to ensure my skills and interests are matched with the needs of the organisation. Therefore, as a potential volunteer/intern, I understand that not everyone who applies is accepted as a volunteer/intern.

I agree to attend any training and/or orientation that is required of me. I agree to abide by any rules and policies set out by the Department. I agree for the Department to check my references. I agree that I am volunteering my time and/or talent and therefore should not represent myself as an employee of the Department.

Signature: _____

Date: _____

OFFICE USE ONLY	
Interview date:	Assignment:
Orientation date:	
Start date:	Reference check:

Please return to:
Department of Counselling Services
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George Town, Grand Cayman
Ph: (345) 949-8789 Fax: (345) 949-0767