



1. Personal Details:

Pronoun: _____

Name: _____

Address: _____

Postcode: _____

Phone number: _____

Email address: _____

T-shirt size: _____

How did you hear about
our volunteering opportunities: _____

2. Why do you want to get involved in delivering OUTreach for The Rainbow Project?

3. What, if any, training have you received?

	Please X if you have undertaken them	When did you undertake them
Sexual Orientation/Gender Identity		
SafeTALK		
First Aid		
Listening Ear		
Mental Health First Aid		
ASIST (Suicide Prevention)		
Advocacy		



4. Do you have any other relevant experience or training?

5. Tell us about your hobbies and interests?

Please return your completed application form to Robyn E: robyn@rainbow-project.org or by post to: Volunteer Coordinator, The Rainbow Project, 1st Floor, Belfast LGBT Centre, 9-13 Waring Street, Belfast, BT1 2DX