



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 be Volunteer Sexual Health Assistant for The Rainbow Project?

3. What, if any, training have you received? Remember that we will provide relevant training if necessary.

	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. What, if any, training have you received? Remember that we will provide relevant training if necessary.

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

6. 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