



ANXIETY SUPPORT AND AWARENESS CENTRE TRUST

Trust No. MA 0000943

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VOLUNTEER APPLICATION FORM – 2020

Date of Application: _____

PERSONAL INFORMATION

1. Full Name: _____ Age: _____
 Address: _____
 _____ Home Tel: _____ Cell Tel: _____
 E-mail Address: _____ I.D. No: _____
 Next of Kin: _____ Next of Kin Contact: _____
2. Marital Status: _____ No. of children: _____
3. Are you currently employed? _____ Full Time / Part Time _____
4. If so state the name of your employer _____
5. Your position with the company _____
6. How long have you been working at the company _____
7. May we contact you at work? (Please give tel no) _____
8. Do you have a driver's license? _____ 9. Do you have your own car? _____
9. What languages are you fluent in? _____

SOFT AND/OR HARD SKILLS

1. _____
2. _____
3. _____
4. _____
5. _____

EDUCATIONAL QUALIFICATION

1. Highest level / qualification obtained _____
2. What are you currently studying? _____
3. Subjects majored in _____

4. When you finish your studies, what type of work will you be going into?

SPECIALISATIONS AND INTERESTS (highlight your choices)

- 1. FACILITATION & TRAINING(specify specialty)_____
- 2. COUNSELLING AND/OR MENTAL HEALTH FIRST AID
- 3. PSYCHOMETRIC TESTING
- 4. FAMILY THERAPY
- 5. MUSIC THERAPY
- 6. ART THERAPY
- 7. CHILD PROTECTION
- 8. RESEARCH
- 9. OUTREACHES
- 10. LEARNING DISORDERS
- 11. ADDICTIONS AND / OR SUBSTANCE ABUSE (specify specialty)_____
- 12. STRESS MANAGEMENT
- 13. DISASTER MANAGEMENT AND/OR TRAUMA
- 14. SUPPORT GROUPS
- 15. SUICIDE PREVENTION
- 16. AUTISM
- 17. GRIEF
- 18. ANXIETY & DEPRESSION
- 19. SELF ESTEEM, MOTIVATION & MENTORSHIP
- 20. FUNDRAISING
- 21. OTHER (specify)_____

GENERAL INFORMATION

- 1. List previous training/volunteering experience you have had that you can offer to the organisation in relation to the above list of specialisations and interests _____

- 2. What are your reasons for wanting to be a counsellor or volunteer at the Anxiety Support & Awareness Centre Trust? _____

- 3. How do you deal with stress or pressure? _____

- 4. Who do you confide in when in distress and give your reasons of your choice?

- 5. Have you had a family member or friend suffering from a mental health problem that you have been able to support? If yes how so? _____

- 6. In your own words can you define what mental health is?

- 7. How do you think you will react to the inability to find out what has happened to a caller after they hang up the phone? _____

8. How would you deal with caller offenders?

9. Are you interested in participating in our Rural Outreach work? *(This might entail you being away for a night or two to train local community workers in mental health care)*

10. Are you interested in participating in our Mental Health Awareness Campaign and Teen Suicide Prevention School talks? These talks are during school days. _____
11. Please list two personal references:
- a. Name and surname: _____ Contact tel no.: _____
Relation to you: _____
- b. Name and surname: _____ Contact tel no.: _____
Relation to you: _____

Please highlight below in colour the boxes of the shifts you are available to volunteer in the call centre. After training a counsellor is expected to do at least 1 permanent but not limited to 1 shift per week. Please note those doing evening shifts be advised that you must have your own transport to go home. We do not offer any transport at the moment nor do we offer boarding space for those finishing after late hours.

	08:00 – 12:00	12:00 – 16:00	16:00 – 20:00	20:00 – 00:00	00:00 – 04:00	04:00 – 08:00
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

On completion of the application form, please email it to

volunteer@asactrust.co.zw

For our free monthly newsletter please sign up on www.asac.co.zw

If you need information on any of the mental health topics
visit our resource site on www.asactrust.co.zw

or email us on info@asactrust.co.zw