

QUESTIONNAIRE FOR PROSPECTIVE VOLUNTEERS & CANDIDATE LEARNERS

CONFIDENTIAL: All answers will be treated in the strictest confidence and will be seen only by Life Liners directly concerned with the selection of volunteers
The information on this form will be seen by members of the Training Department. Should you become a Volunteer Counsellor it will form part of your file. Should you not become a Volunteer Counsellor, it will be destroyed.

FULL NAME as per ID:

NAME your friends use: Male/Female

ID NUMBER :..... AGE:.....

MARITAL STATUS:..... No. OF CHILDREN (IF ANY).....

STREET ADDRESS :.....

POSTAL ADDRESS:.....

CELL/MOBILE:

TEL NO.(HOME):..... BUSINESS:.....
Include dialling codes please

E-MAIL ADDRESS;

OCCUPATION :.....

QUALIFICATIONS :.....

LANGUAGE SPOKEN : Fluently

: Working knowledge of:.....

What are your hobbies and interests?.....

.....

Would you like to become a LifeLine Counsellor?:.....

If you belong to any religious, philosophical or similar organisations or groups, what are they?

.....

Do you think you should bring the teachings and ideas of that group into helping Life Line callers?

.....

Give your **IMMEDIATE** reaction towards:
(There is no right or wrong answer, we want to know how YOU feel about these issues.)

1. Providing condoms in schools:.....

2. Compulsory HIV testing for bursary applicants:.....

3. Termination of pregnancy :.....
4. Gay Marriage :.....
5. Drug addiction:
6. Drinking alcohol & driving :.....
7. People who threaten suicide :.....
8. The aged:
9. Assisted suicide for the terminally ill.....
10. Divorce :.....
11. Child Abuse :.....
12. People who don't know their HIV status :.....

Below are some partly completed sentences. Read each one and finish it by writing the first thing that comes to mind. Work as quickly as you can. Please do complete EVERY sentence although you may feel that some sentences do not apply directly to you.

1. I am the sort of person who.....
2. I would like to be more.....
3. My worst mistake is.....
4. If only my mother.....
5. The things I am most afraid of is.....
6. As a child, I.....
7. I wish that my friend.....
8. What I would like to change about myself is.....
.....
9. I wish that my father.....
10. The best period of my life is.....
11. I feel used when

NAME OF PERSON TO BE CONTACTED IN A CASE OF EMERGENCY:.....
 Their contact Number:.....

SHOULD I BE SELECTED TO TAKE THE LIFE LINE TRAINING COUSE, I WILL HOLD IN CONFIDENCE ALL PERSONAL INFORAMTION THAT ANY INDIVIDUAL MAY REVEAL.

SIGNED:.....

DATE:...../...../.....