



Volunteer Application Form – Confidential

Title: Mr/Mrs/Miss/Other:
Surname:
First Name:
Date of Birth:
Address:
Postcode:
Daytime telephone number:
Evening telephone number:
Mobile telephone number:
Email address:
Occupational status:
Please provide details of a person whom we may contact in an emergency i.e. next of kin:
Name:
Telephone number(s):
Relationship to you:

Please tell us which scheme you would like to volunteer for. You may tick more than one box.			
Administration	<input type="checkbox"/>	Counselling Service	<input type="checkbox"/>
Young People's Support	<input type="checkbox"/>	Befriending	<input type="checkbox"/>
Appropriate Adult	<input type="checkbox"/>	Social Clubs	<input type="checkbox"/>
Asian Projects	<input type="checkbox"/>	Weekend Drop-in Clubs	<input type="checkbox"/>
Cares' Support	<input type="checkbox"/>	Somali Project	<input type="checkbox"/>

Please tell us why you would like to become a volunteer:

Do you have any experience of caring for people with mental health/emotional issues either voluntary, professionally or personally? Please give details:

Do you have any skills or experience that you feel may be able to help you as a Mind volunteer?

Do you have any health issues which might limit particular volunteering activities?

Do you speak any other languages or have experience with other cultures?

Are you a driver, willing to use your own car for voluntary work?

Do you have any hobbies or interests that you would like to tell us about?

Please give an indication of your availability:

Daytime

Times: _____

Evenings

Times: _____

Weekdays

Days: _____

Weekends

Day(s): _____

Because you will be working with vulnerable people, you will be required under the Rehabilitation of Offenders Act 1974, to declare ALL criminal convictions including those which are spent.

Have you ever been convicted of a criminal offence?

Yes

No

If you have answered yes, please give details of each conviction:

Please give details of two people whom we may contact to provide references for you:

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

Email:

Email:

I would like to apply to be a volunteer for Hillingdon Mind. I declare that the information I have given is true and correct. I give my consent to my references being contacted as indicated. I understand that a Criminal Records Bureau check will be carried out before my placement can commence.

Signed: _____ Date: _____

Please return this form to:

Volunteer Coordinator
Hillingdon Mind
Aston House
Uxbridge
Middlesex
UB8 1SZ