

Centre Volunteer Application Form

Please complete the following details:

NAME: TEL NO:

ADDRESS:

email.....Are you aged over 18yrs? Yes/No

Next of kin or local contact number:

1. Please tell us why you are interested in helping people with mental health problems:
.....

2. Do you have a special area of interest or expertise: e.g. gardening, cooking, craft work, etc?
.....

3. Have you done volunteer work before: Yes/No

4. If you have answered 'Yes' at 3. above please give dates & details of previous volunteer situations for reference purposes (if necessary please use back of form):
.....
.....

5. I am happy to take part in fundraising activities i.e. in-store collections: Yes/No

6. Please name two people we can contact for references (they should **not** be a relative, one to be a previous employer if possible - please enter employers details at b.)

a. Name	b. Name.....
Address	Address
.....
.....
Tel. No:	Tel. No:

7. South Kent Mind wish to advise applicants that we are required to apply for an enhanced level of Disclosure & Barring Service check (previously CRB) for all applicants prior to engagement.

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2003) by SI 2013 1198.

Yes/No (please delete)

8. We wish to advise that attendance in basic training (e.g. Fire safety and First Aid) may be required.

9. Kindly attach a full c.v. to this completed application form and return to us.

I understand that information concerning members is **strictly confidential** and I agree to respect this.

Signed: Volunteer Date:

SOUTH KENT MIND RECORD

References applied for.....Ref received: 1.....2.....

Applicant advised (date).....DBS disclosure applied for.....Disclosure received.....

Revised May 2020