

VOLUNTEERS APPLICATION FORM



INVESTOR IN PEOPLE

Our services and opportunities for volunteering:

- Befriending (Adults)
- Mentoring (Children)
- Office / Committee
- Day Services
- Referral, Enablement and Pathway Service

Day Services:

HARROW LODGE HOUSE
 RAINHAM
 ALBEMARLE – HAROLD HILL
 DOVES – (over 65's) RAINHAM

Please tick projects you may be interested in

NAME	MR /MRS/ MISS /MS
ADDRESS	
.....Post Code.....	
HOME TELEPHONE NUMBER	DATE OF BIRTH.....
MOBILE NUMBER.....	EMAIL ADDRESS.....

NEXT OF KIN Name	Telephone Number.....
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Where did you hear about our voluntary work opportunities?

.....

.....

.....

Have you done any voluntary work before? If so, please state where below

.....

.....

.....

Are you able to travel independently?	*YES/NO
Do you hold a full driving licence?	*YES/NO
Do you have access to a vehicle and would you be willing to drive as a volunteer?	*YES/NO
<i>*Please delete as appropriate</i>	

Describe any skills/ experience that you would be willing to share with the client.

.....

.....

.....

How do you think you could benefit from being a volunteer?

.....

Why do you want to be a volunteer?

.....

Please indicate what times you are available.

.....

Are you able to give a minimum of one year's commitment to befriending/ mentoring?

.....

Please list any physical or mental impairment or any that could affect your ability to carry out your duties.

.....

Volunteers Ethnicity Origin

White	Please Tick	Mixed	Please Tick
British		White / Black Caribbean	
Irish		White / Black Africa	
Any other White background		White Asian	
Black / Black British		Any other mixed background	
Caribbean		Other Ethnic Groups	
African		Chinese	
Any other Black background			
Asian or Asian British		Any other ethnic group	
Indian			
Pakistani		Not stated	
Any other mixed background			

Please give the names and addresses of two referees who are not related to you and can be contacted for your suitability for the work.

NAME MR /MRS/ MISS /MS
ADDRESS.....
.....
.....Post Code.....
TELEPHONE NUMBER (HOME)

NAME MR /MRS/ MISS /MS
ADDRESS.....
.....
.....Post Code.....
TELEPHONE NUMBER (HOME)

Declaration

I confirm that the above information is complete and correct, and agree to undertake an enhanced CRB check prior to their taking up duties

SIGNED

DATE

PLEASE RETURN TO:

**HAVING MIND
HARROW LODGE HOUSE
HORNCHURCH ROAD
HORNCHURCH
RM11 1JU
01708 457777**

Or

Email back to: della.nottage@havingmind.org.uk

For office use only	
Date application form received.....	References sent out.....
References received.....	Police check received
Training.....	
Car documents	
Volunteer placed	
Where	