



For better
mental health

VOLUNTEERS APPLICATION FORM

Our services and opportunities for volunteering:

- Befriending (Adults)
- Mentoring (Children)
- Office / Committee
- Vulnerable Person's Project

Day Services:

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

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

Where did you hear about our voluntary work opportunities?

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

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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.

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

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Why do you want to be a volunteer?

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Please indicate what times you are available.

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

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

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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: havmindhq@hotmail.com

For office use only

Date application form received..... References sent out.....

References received Police check received

Training.....

Car documents

Volunteer placed

Where

When.....