

Volunteer Application Form

Personal Information

Title (Mr/Mrs/Miss/Ms):	
First Name:	Surname:
Address:	
Postcode:	
Date of Birth:	Email address:
Home Phone No:	Mobile Phone No:

Which Volunteering opportunity are you applying for

Role Title:

Please note that we can only provide opportunities to volunteers over the age of 18 years.

Please provide the details of someone who can be contacted in the event of an emergency.

Name:		Phone No:	
Address:		Relationship to you:	

Do you have any special requirements or medical conditions that we need to know about?

YES NO If yes, please give details.

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Do you have access to a car? YES NO

Do you have a current, clean driving licence? YES NO If no, please give details.

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Please give a brief description of why you would like to join the charity as a volunteer (please provide details of any previous volunteer experience if applicable).

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Do you have a particular skills or experience you wish to share? YES NO If yes, please give a brief description:

When would you generally be available to help? (days of the week, am or pm, how often)

How did you hear about volunteering with us?

Please give details of two referees who are not related to you, who we can contact to assist us with your application.

Name:		Name:	
Address:		Address:	
Phone No:		Phone No:	
Email:		Email:	
Relationship to you:		Relationship to you:	

Declaration of a criminal record

Have you any unspent criminal convictions? (This does not automatically exclude you from being considered as a volunteer for the charity)

YES NO

If yes, please provide details of all offences, penalties and dates on a separate sheet of paper and return this form in a sealed envelope marked Private and Confidential.

Would you like to receive our monthly Newsletter? YES NO

The data contained in this form will be used for Volunteer Registration purposes and will be held on our computer database. We will not pass your information onto any other party.

Signed: Date:

Please note - All volunteers who will have potential regular contact with vulnerable people will be required to have a DBS check.

Please return this form to: volunteering@norwichmind.org.uk or to Norwich Mind, 50 Sale Road, Norwich, NR7 9TP. Tel: 01603 432457