



For better  
mental health

## Mind in Camden

### APPLICATION TO BECOME A DAY SERVICE VOLUNTEER

NAME: (Mr/Ms/Miss/Mrs\*).....

\* *please circle*

ADDRESS: .....  
.....  
.....  
.....  
.....  
.....

EMAIL: .....

TELEPHONE:      day.....                      evening.....

#### **Opportunities**

What role or roles are you interested in?

Foundation Support Time and Recovery worker

Catering Volunteer

General Volunteering

#### **Availability**

Please state (i) days/times when you are **not** available; (ii) how many hours per week you would like to offer; (iii) whether you would prefer a particular time or day; and (iv) what length of commitment would suit you.

## Experience

Please describe any volunteering you have done or help you have given to neighbours, family or organisations, giving dates. Please detail any experience of volunteering in a mental health setting in particular.

Please also describe any paid employment you have had, giving employer, job title, a brief description of your work, and dates.

Please tell us about your skills or interests and about what qualities you can offer?

## Training

Please tell us about any relevant training or education which you have had.

Would you be willing to undergo training in mental health awareness and in any other area relevant to your volunteering?

Why do you want to be a volunteer and what interests you about Mind in Camden in particular?

**Health**

Do you have any health issues/needs which we might be able to help with or which could affect your volunteering (e.g. need for wheelchair accessibility)? If so, please describe them.

**How did you hear about volunteering opportunities with Mind in Camden?**  
(please tick relevant category/categories)

- From a friend
- Volunteer Bureau
- Leaflet/Poster
- Another Organisation (please state)  
.....
- Own knowledge
- Local/National Press
- Other (please state)  
.....

## References

Whatever volunteering you do for us, for however short a time, you will be a representative of Mind in Camden, in a position of responsibility and trust. We therefore need to contact two people who are willing to provide us with a reference for you. At least one should be someone who knows you in a formal way, for a year or two, e.g. employer, social worker, clergy person. The other should be someone who has known you for at least 2 years. This could be a friend.

Mr/Ms/Miss/Mrs\*

*\*delete as applicable*

Mr/Ms/Miss/Mrs\*

*\*delete as applicable*

NAME: .....

(Please use BLOCK CAPITALS)

NAME: .....

(Please use BLOCK CAPITALS)

ADDRESS:

ADDRESS:

POSTCODE:

POSTCODE:

TELEPHONE (day): .....

TELEPHONE (day): .....

EMAIL: .....

EMAIL: .....

REFEREE'S OCCUPATION

REFEREE'S OCCUPATION

.....

.....

HOW LONG HAVE THEY KNOWN YOU?  
YOU?

HOW LONG HAVE THEY KNOWN

.....

.....

IN WHAT CAPACITY (e.g. employer,  
friend etc)

IN WHAT CAPACITY (e.g. employer,  
friend etc)

.....

.....

We operate an open file policy, which means that you may read your reference, unless the referee states otherwise.

I confirm that the information I have given above is correct.

SIGNATURE: .....

DATE:

.....

*Thank you for completing this form*

Please return your completed application form to The Volunteer Administrator, Mind in Camden. Barnes House, 9-15 Camden Road, London NW1 9LQ.