

Mind in Camden

Application – Catering Volunteer

NAME: …………………………………………………………………

ADDRESS: ………………………………………

 ………………………………………

 ………………………………………

 ………………………………………

 ………………………………………

EMAIL: …………………………………………………….

Phone: day…………………………… evening…………………

 mobile...................................

**Availability**

Please state if you are available Mondays or Fridays or both, and the hours you are free.

(please note – this opportunity is only for Mondays and/or Fridays)

**For office use only:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** |  | **Date** |
| **Form received**  |  | **References sent** |  |
| **Form acknowledged** |  | **1st reference received** |  |
| **DBS email sent**  |  | **2nd reference received** |  |
| **DBS meeting** |  |  |  |
| **Entered on database** |  |  |  |
| **Entered on induction list** |  |  |  |
|  |
|  |

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

**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 mental health or catering volunteering 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 experience and interest in catering or cooking.

**Training**

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

Are you willing to undergo training in areas relevant to your volunteering?

**Health**

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

**DISCLOSURE AND BARRING SERVICE CHECKS**

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. The nature of our work requires us to apply to the Disclosure and Barring Service (DBS) about everyone who works or volunteers here.

**Are you willing to make an application to the Disclosure & Barring Service YES/NO**

If you are registered with the DBS Update service we will need your permission to carry out a DBS status check online; for this we will need to see your original DBS certificate with the 12 digit reference number.

If you are not registered, we will send you details of how to make an application.

**REFERENCES**

We 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, tutor. The other should be someone who has known you for at least two years. This could be a friend

**First Referee**:

|  |  |
| --- | --- |
| Name |   |
| Address |  |
| Email |  |
| Daytime telephone |  |
| Occupation |  |
| In what capacity do they know you? |  |
| How long have they known you? |  |

**Second Referee**

|  |  |
| --- | --- |
| Name |   |
| Address |  |
| Email |  |
| Daytime telephone |  |
| Occupation |  |
| In what capacity do they know you? |  |
| How long have they known you? |  |

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

**How did you hear about this volunteering opportunity?**

(please tick relevant category/categories)

|  |  |
| --- | --- |
| Mind in Camden website |  |
| Volunteer Bureau |  |
| From a friend |  |
| I already knew Mind in Camden |  |
| Another organisation (please state): |  |
| Other (please state): |  |

I confirm that, to the best of my knowledge, 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 or email it to: volunteer@mindincamden.org.uk