

Mind in Camden

Application: Healthy Minds Community Programme

Name: ……………………………………………......

Address: ………………………………………...………………………………………...

 ………………………………………...………………………………………...

 ………………………………………............................................................

Email: ………………………………………….........

Phone: ...………………………..............................

**Availability**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please give us your availability. Minimum of one full day or two half days a week between hours of 10am-5pm

|  |  |  |
| --- | --- | --- |
|  | Morning | Afternoon |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

 What length of time would you like to offer (ideally a minimum of six months)? |

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

(Please tick relevant category/categories)

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

What are you reasons for volunteering with the Healthy Minds Community Programme and what interests you about Mind in Camden in particular?

**Experience**

Please describe any relevant experience that you have in relation to this role. This might include personal experience of mental health, paid work, volunteering, help you have given to family and friends. If you have experience of volunteering in a mental health setting please could you describe it. Please include dates where applicable.

Current employment status: Please tick all that apply.

Employed FT Unemployed

Employed PT Retired

Studying FT Carer

Studying PT Other

If this is part of a university course, please provide details.

Name of course:

Name of institution:

Placement requirements:

Contact details of course leader:

**Training**

Please tell us about any relevant training or education.

Would you be willing to undergo training that is relevant to your volunteering?

If you have particular requirements that we would need to consider please could you describe them? (e.g. accessibility?)

**REFERENCES & 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. As our work is with vulnerable adults and young people, we have to ask you to apply for a Disclosure and Barring Service check. We also require two references before you can begin volunteering.

**Are you willing to undergo a Disclosure & Barring check? Yes/No**

**References:** Please let us have the names of two people who are willing to provide 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 *(Please let your referee know our request is coming – it may go to their spam folder!)* |  |
| Daytime telephone |  |
| Occupation |  |
| In what capacity do they know you? |  |
| How long have they known you? |  |

**Second Referee:**

|  |  |
| --- | --- |
| Name |   |
| Address |  |
| Email *(Please let your referee know our request is coming – it may go to their spam folder!)* |  |
| 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.

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 volunteer@mindincamden.org.uk or post to:

Volunteer Administrator, Mind in Camden, Barnes House, 9-15 Camden Rd, London NW1 9LQ