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**Healthy Minds Activities Volunteer Application Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability:**

Which days are you available to attend activities? For an idea about what activities we run and at what times, please visit: <https://www.mindincamden.org.uk/wp-content/uploads/2021/07/Healthy-Minds-2021-Final-25.6.21.pdf>

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

What length of time are you able to offer (Minimum of 6 months required)?

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

(Please tick relevant categories)

|  |  |
| --- | --- |
| Mind in Camden Website |  |
| Volunteer Bureau |  |
| From a friend |  |
| I already knew Mind in Camden |  |
| Other (Please State): |  |

**Experience:**

Please describe any relevant experience you have in relation to this role. This might include paid and voluntary work, help you have given to family or friends. If you have any experience of volunteering/working within a mental health setting please include this too.

Please state you reasons for applying for the role of activities volunteer:

(Thinking about, your motivations, why Mind in Camden in particular, your understanding of the benefits of engaging with meaningful activities (e.g. Badminton, storytelling, comedy workshops, museum tours) for mental wellbeing.

**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. Al least one should be someone who knows you in a formal way, for a year or two, e.g. employer, social worker, tutor. The second should be someone who has known you for at least two years, this could be a friend.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email:(Please let your refer know our request is coming – it might go to their spam folder!) |  |
| Daytime telephone number: |  |
| Occupation |  |
| In what capacity do they know you? |  |
| How long have they known you? |  |

**First Referee:**

**Second Reference:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email:(Please let your refer know our request is coming – it might go to their spam folder!) |  |
| Daytime telephone number: |  |
| Occupation |  |
| In what capacity do they know you? |  |
| How long have they known you? |  |

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

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