

Application to become a Support and Connect Volunteer

Name: ……………………………………………......

Address: ………………………………………...

 ………………………………………...

 ………………………………………..
.

Email: ………………………………………….........

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

**Availability**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Which days/times would you like to offer?

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

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

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**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 |  |
| Other (please state): |  |

What are your reasons for volunteering?

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

Name of course:

Name of institution:

Requirements of placement- frequency and type of supervision:

Contact details of course leader:

**Experience**

Please describe any relevant experience that you have in relation to this role. This might include 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.

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.

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 and to show evidence that you have been double vaccinated against Covid-19 or that you are exempt. We also require two references before you can begin volunteering.

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

**Are you willing to provide documentation either showing you have had two vaccinations against Covid-19 or that you are exempt? 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