



For better mental health

Folkestone & District Mind

Mind Resource Centre
3 Mill Bay
Folkestone
Kent CT20 1JS

Tel/Fax. 01303 250090
contact@folkestonemind.org.uk
www.folkestonemind.org.uk

Reg Charity No: 1089472

Centre Volunteer Application Form

Please complete the following details:

NAME: TEL NO:

ADDRESS:

Next of kin or local contact number:.....

1. Please tell us why you are interested in helping people with mental health problems:

2. Do you have a special area of interest or expertise: eg. woodwork, cooking, craft work, etc?

3. Have you done volunteer work before: Yes/No

4. If you have answered 'Yes' at 3. above please give dates & details of previous volunteer situations for reference purposes (if necessary please use back of form): .

5. Please name two people we can contact for references (they should not be a relative, one to be a previous employer if possible - please enter employers details at b.)

a. Name b. Name.....
Address Address.....
Tel. No: Tel. No:

6. Have you ever been convicted of a criminal offence? (Under the provisions of the Rehabilitation of Offenders Act 1974, applicants are not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act.)
Yes/No (please delete)

7. Folkestone & District Mind wish to advise applicants that we are required to apply for an enhanced level of Criminal Records Bureau disclosure for all applicants prior to engagement.

We wish to advise that attendance in basic training (eg. Fire safety and First Aid) may be required.

8. Kindly attach a full c.v. to this completed application form and return to us.

I understand that information concerning members is strictly confidential and I agree to respect this.

Signed: Volunteer Date:

FOLKESTONE & DISTRICT MIND RECORD

References applied for.....Ref received: 1.....2.....

Applicant advised (date).....CRB disclosure applied for.....Disc Rec'd.....