



Portsmouth Mind

VOLUNTEER APPLICATION FORM

For better
mental health

I wish to volunteer for: (Please tick)

Community Links Befriending Service

Practical Support Service

Personal Details

Title (Miss, Mrs, Ms, Mr): First Name: Surname:

Address:

.....

Post Code: Email Address:

Telephone Number: (Day)

(For our use only) (Evening)

..... (Mobile)

Date of Birth: Next of Kin:

Previous Work Experience

Hobbies and Interests

(We aim to match CLBS volunteers up with service users who share interests)

Skills and Experience

(Please give details of any relevant skills and experience gained through employment, life skills, hobbies and interests)

Availability

Are you able to commit yourself to working on a regular basis? Yes No
(Volunteers for CLBS are asked to commit to a minimum of 4 hours per week)

Which times and days are convenient for you to work?.....
.....

Number of hours you are able to work per week:

Why would you like to be a volunteer for Portsmouth Mind?

Further information

How did you first hear about this opportunity? :

Do you have any health problems which may affect your work? Yes No

If yes, please give details:
.....
.....

Do you have a full driving licence? Yes No

Do you have your own transport? Yes No

Are you able to use public transport? Yes No

As you will be working with vulnerable people it is important that you disclose any criminal convictions or cautions that you have, including this that are “spent”. A previous conviction will not necessarily preclude you from working with us. Please details below with dates:

Please supply the names and addresses of two people who would be willing to act as referees for you (it would be helpful if one of them was from previous work, tutor, employer, health worker or someone who knows you very well and could comment on your suitability for this work):

Name: Name:

Address: Address:

.....
.....
.....

Postcode:..... Postcode:.....

Tel:..... Tel:.....

Position/Relationship: Position/Relationship:

.....

Declaration & Data Protection:

Portsmouth Mind operates within the boundaries of the Data Protection Act 1998 and take account of any emerging legislation. We will hold your personal information for administration and support purposes. The information will be treated as strictly confidential and will not be disclosed to any unauthorised person or used for any other purpose. Please sign the statement below to show your acceptance and understanding of the above.

Signed:..... Date:

If there anything else which you wish to tell us which may help to further your application, please detail this overleaf

Please return completed form to:

Adminstrator
Portsmouth Mind
Fratton Community Centre
Trafalgar Place
Fratton
Portsmouth PO1 5JJ

(Tel: 023 9282 7070)

