

Volunteer Application Form

(All information will be treated with complete confidentiality and will be retained by Carrick Mind for funding purposes)

PERSONAL Information		
Surname		First Name
Street Address		
Town/City	County	Postcode
Phone No		Mobile no
Email		Date of birth
Do you have a current driving licence? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have use of a car? YES <input type="checkbox"/> NO <input type="checkbox"/>
How did you hear about Carrick Mind?		
Please give brief details of work experience since finishing formal education, plus details of any courses, further study etc.		
Have you ever had experience of voluntary work or personal experience that you feel may be relevant or helpful in befriending or other voluntary work with us? This could involve an experience of bereavement or mental ill health involving yourself or someone close to you?		
Do you do paid work at the moment? If so, please state occupation and name and address of employer		
Do you have any other commitments?		
If you are currently unemployed are you seeking employment YES <input type="checkbox"/> NO <input type="checkbox"/>		
Would you be able to commit to regular attendance of support/supervision meetings and occasional training days? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you able to you commit for 1 -2 hours per week? YES <input type="checkbox"/> NO <input type="checkbox"/>

What are your other interests?	
What do you feel you have to offer this scheme? What in particular appeals to you about voluntary work of this nature?	
Have you ever suffered any serious illness or from mental ill health? Do you have and are you being treated for a condition in either of these categories at present? If yes please give details,	
Are you currently receiving counselling or therapy on a regular basis or currently a member of a therapeutic / self-help group? If yes, please give details	
Have you ever been Cautioned, Arrested or Convicted of a criminal offence? This must be disclosed here. We remind you that any such information will be treated with complete confidentiality.	
Due to the nature of our work it is necessary to carry out a DBS check do you have any objection to this? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you prepared to undertake and maintain complete confidentiality concerning everything that you may be told by a client or another befriender? YES <input type="checkbox"/> NO <input type="checkbox"/>

References	
Please list two references (not relatives)	
Full Name	Full Name
Address	Address
Occupation	Occupation

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge.	
Signature	Date

Please return form to:

Carrick Mind, Unit 7, Jubilee Wharf, Commercial Road, Penryn, Cornwall, TR10 8FG

01326 517220

enquiries@carrickmind.org.uk

