



For better
mental health

Bath Mind

**Volunteer
Application Form**



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mental health

Volunteer Application Form

Please Complete the Following in Black Ink:

Name

Address

.....

.....Post Code

Telephone No:

Mobile No:

E-Mail Address:

Do you have a current full driving licence? **Yes/ No**

Most recent occupation

No of hours worked per week.....

Date last in paid or unpaid employment

Are you interested in volunteering for a specific Bath Mind service? Please tick the relevant box.

- Becoming a trained Volunteer Mental Health Advocate/ Befriender**
- Community Outreach Services (such as the art/creative writing groups)**
- Housing Services (e.g. supporting clients in a care home setting)**
- Becoming a Trustee or providing specific skills such as fundraising**
- General interest in volunteering for Bath Mind**

If you are interested in becoming a volunteer mental health advocate are you able to commit to at least 4 hours per week? **Yes / No**

Please provide brief details of any training or qualifications that you feel might be relevant:

If you are interested in volunteering for a specific Bath Mind service please give details of any past or present experience; skills and knowledge, which you feel are relevant:

If applicable, please provide details of any support that you feel you may need to act as a volunteer mental health advocate.

Please add any additional information that you would like to include in your application.

Please provide details of any criminal convictions, including date and offence. (A conviction will **not** automatically exclude you from working as a volunteer for Bath Mind.

Please provide contact details for two referees:

Name	Name
Address.....	Address
.....
.....
Tel No:	Tel No:
Relationship to you:	Relationship to you:
.....

If you are applying to become a volunteer mental health advocate/befriender please read the following before signing this application form

I have read the Advocacy Service specifications and the advocate's role description and would like to apply to become a mental health advocate for Bath Mind. I understand that after training, I will be expected to be an active volunteer for Bath Mind for a minimum of a year.

Signed..... Date

Data Protection:

The personal information provided on this application form will be used for employment purposes and processes. It will be held and accessed under the terms of the Data Protection Act 1998. No personal information will be passed to a third party without your permission.