



# Doncaster Mind Volunteer Application Form

Position applied for:	Befriending	<input type="checkbox"/>
	Social Cafe/Group Volunteer	<input type="checkbox"/>
	Peer support facilitator	<input type="checkbox"/>
	Reception	<input type="checkbox"/>
	Admin. support	<input type="checkbox"/>
	Handyman	<input type="checkbox"/>

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email address \_\_\_\_\_

Telephone: Home number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

How did you hear about volunteering opportunities in Doncaster Mind?

From our website  Internet search  Through a friend

Through a colleague  Do It Website  Other

Please state briefly why you would like to become a volunteer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills and experience could you bring to the role of a volunteer within Mind?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOBBIES AND INTERESTS:** (It is important that you complete this section as fully as possible as volunteer befrienders are linked with clients on the basis of common interests. It also helps to identify opportunities for volunteering within the wellbeing services.

Walking	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Other sports activities	<input type="checkbox"/>
Arts and Crafts	<input type="checkbox"/>	Music	<input type="checkbox"/>	Eating Out	<input type="checkbox"/>
Cinema/TV/Radio	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Visiting places of interest	<input type="checkbox"/>
Other Leisure Activities	<input type="checkbox"/>				

Please indicate what times in your average week you would be available to volunteer (we require a minimum of 2 hours each week)

Monday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>	evening	<input type="checkbox"/>
Tuesday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>	evening	<input type="checkbox"/>
Wednesday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>	evening	<input type="checkbox"/>
Thursday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>	evening	<input type="checkbox"/>
Friday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>	evening	<input type="checkbox"/>
Saturday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>	evening	<input type="checkbox"/>
Sunday	morning	<input type="checkbox"/>	afternoon	<input type="checkbox"/>	evening	<input type="checkbox"/>

Please give the name, address and contact telephone number of two referees (these should be people who have known you for two years or more and who are not related to you).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Information provided by you will be kept safely and securely in accordance with Doncaster Mind's Data Protection Policy, and will only be used to enable us to support you in the way you choose. Please sign below to give consent for your information to be stored.

Signature \_\_\_\_\_ Date \_\_\_\_\_