

Doncaster Mind Volunteer Application Form
(Confidential)

Position applied for:

Befriending	
Social Café/Group Volunteer	
Peer support facilitator	
Reception	
Admin Support	
Handyman	

Name:	
Date of Birth:	
Address:	
Postcode:	
CONTACT NUMBERS:	
Home:	Mobile:
Email.:	
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 briefly state why you would like you become a volunteer.

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

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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		SWIMMING		OTHER SPORTS ACTIVITIES	
ARTS AND CRAFTS		MUSIC		EATING OUT	
CINEMA/TV/RADIO		READING		VISITING PLACES OF INTEREST	

Any other leisure activities or interests:

Please indicate your availability for volunteering in an average week (We require a minimum of 2 hours each week)

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

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

Referee 1		Referee 2	
Name		Name	
Address		Address	
Telephone No.		Telephone No.	
Email.		Email.	

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 a way you choose. Please sign below to consent your information to be stored.

SIGNATURE:	DATE:
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Please return completed form to: Doncaster Mind, 2-5 Princes St, Doncaster DN1 3NJ
Or by email to: volunteering@doncastermind.org.uk

Diversity Monitoring Form

To ensure that our equal opportunities policy is effective and constantly evaluated, Doncaster Mind invites you to complete this diversity monitoring form. Information volunteered will be treated as being classified and sensitive personal data under the Data Protection Act 1998.

N.B. Any information given is optional and at your sole discretion, in doing so you are also giving your informed consent for Doncaster Mind to use it for the sole purpose of statistical analysis.

Age		Date of Birth	
Biological sex		Gender identity	
Female		Female	
Male		Male	
Intersex		Intersex	
Sexual Orientation			
Heterosexual/Straight		Bisexual	
Gay man		Other	
Gay women/Lesbian		Prefer not to say	
Do you consider yourself to have a disability?		YES	NO
What is the nature of your disability?			
Please tick the group you most identify with: (If any)			
White – British		Mixed – White & Black Caribbean	
White – English		Mixed – White & Black African	
White – Scottish		Mixed - White & Asian	
White – Welsh		Other mixed background	
White – N.Ireland			
White - Irish		Black or Black British – Caribbean	
White - Other		Black or Black British – African	
		Black or Black British – Other	
Asian or Asian British – Indian			
Asian or Asian British – Pakistani		Japanese	
Asian or Asian British – Bangladeshi		Chinese	
Asian or Asian British – Other		Prefer not to say	
Other group (please state)			
Please tick the religion/group with which you most identify: (If any)			
Secular		Rastafarian	
Atheist		Chinese Traditional	
Agnostic		Scientologist	
Christian		Shinto	
Hindu		Spiritual	
Jehovah's Witness		African Traditional	
Jewish		Humanist	
Muslim		Jedi	
Neo-Pagan		Buddhist	
Sikh		Zoroastrian	
Wicca		Prefer not to say	
Other religion/group (please state)			