

Wellingborough Mind Volunteer Application Form

Please ensure that **ALL** sections of this form are completed

Contact Details

Title: _____ Name: _____
 Address: _____ Telephone: _____
 _____ Mobile: _____
 Postcode: _____ Email: _____
 Age (please circle): _____ Appropriate Correspondence (please circle):
 18-24 25-30 31-40 41-50 50+ Post Email Phone

Emergency Contact Details

Name: _____ Contact Number: _____

Please indicate the days and times you will be able to work by ticking the relevant box (or boxes):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Approximately how many hours per week would you like to volunteer?

Please tick the positions you are most interested in:

Receptionist	<input type="checkbox"/>
Fundraiser	<input type="checkbox"/>
Social Group	<input type="checkbox"/>
Art Group	<input type="checkbox"/>
Swimming Group	<input type="checkbox"/>

Yoga	<input type="checkbox"/>
Walking Group	<input type="checkbox"/>
IT Sessions	<input type="checkbox"/>
Craft Group	<input type="checkbox"/>
Volunteer Counsellor	<input type="checkbox"/>

All the above information has been completed to the best of my knowledge.

Signed:

Date:

All volunteers will be asked to complete a CRB check prior to any lone working

Please return this form to:

Wellingborough and Mind, 14 Havelock Street, Wellingborough, Northamptonshire. NN8 4QA.
 t:01933 223591 - admin@wellingboroughmind.org.uk - www.wellingboroughmind.org.uk



For better mental health

Wellingborough Mind always aims to utilise and develop the skills of their volunteers, so if you feel that there are other activities not currently on our timetable that you are skilled in then please write suggestions below. If you are applying for a volunteer counsellor position please give details of all relevant qualifications below:

Office use only

CRB reference No:.....

Date of completion:.....

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