

Dacorum Resource Centre
139 Leighton Buzzard Road
Hemel Hempstead
Herts
HP1 1HN



Ware Resource Centre
The Warehouse
14 New Road
Ware
Herts
SG12 7BS

VOLUNTEER APPLICATION FORM

Date: _____

Title: Mr / Mrs / Miss / Ms (Please circle) _____

Name: _____

Address: _____

Post Code: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

E-mail address: _____

Access to car: Yes No

Emergency Contact Name: _____

Relation to Volunteer: _____

Emergency Contact Number: _____

Please write in BLOCK CAPITALS using **black ink**. Thank you.

- Please indicate the role(s) you are currently interested in. This can be changed at a later stage.

One-to-one Groups Unsure (Please tick)

- Please also indicate the days and times you are available to volunteer.

Any <input type="checkbox"/>	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Notes	_____						

- Where did you hear about volunteering for the Herts Mind Network?

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REFEREES

People living with mental health problems can be especially vulnerable. Therefore, we do require an enhanced Criminal Records disclosure check to be carried out following your application. Please be reassured that disclosure information will not be used unfairly and that a criminal record will not necessarily be a bar to obtaining a position with Herts Mind Network. We also require the names of two people (not relatives and not someone living at your own address) who we can contact for references. Please check that your friends/colleagues are prepared to do this. If you have any queries regarding references or CRB checks, please contact us on the number above.

Referee 1:

Name: _____

Address: _____

Post Code: _____

Phone Number: _____

Occupation: _____

Relation to you: _____

Referee 2:

Name: _____

Address: _____

Post Code: _____

Phone Number: _____

Occupation: _____

Relation to you: _____

Signed: _____

Date: _____