

# Volunteer Application

Name: Mrs/Miss/Ms/Mr
Likes to be known as:
Address:
Opportunity applied for, if relevant:
Daytime telephone number:
Mobile telephone number:
Email address:
How would you prefer to be contacted?

Are you aged over 18? (please circle)
YES NO
Where did you hear about us?

## Personal details

Please tell us why you would like to volunteer at Stockport and District Mind:

Stockport and District Mind | Dove House | 65 Union Street | Stockport | SK1 3NP  
• Telephone: 0161 480 7393 • Fax: 0161 475 6216 • Website: [www.stockportmind.org.uk](http://www.stockportmind.org.uk)  
Charity Number 1119317 • Company Number 5879337



Please tell us more about yourself, how you feel your personal experience and qualities relate to this opportunity or mental health in general. Please give examples of relevant skills, abilities and knowledge areas as well as hobbies and interests:

### Experience

Please enter any previous volunteering or employment experience below. Start with your current or most recent experience.

Name and Address of Employer	Job Title & Responsibilities (please indicate if voluntary)	Dates of Employment	Reason for Leaving

## Training and education

Please list relevant training/educational courses attended starting with the most recent.

Course name and level	Course provider	Length of course	Date completed

## References

We will require two references before you volunteer for Stockport Mind, they will be contacted after a successful interview.

Name: Mrs/Miss/Ms/Mr
Relationship to yourself:
Address:
Email:
Phone:
Preferred contact method:                      Email                      Letter

Name: Mrs/Miss/Ms/Mr		
Relationship to yourself:		
Address:		
Email:		
Phone:		
Preferred contact method:	Email	Letter

**Other information**

Are you currently accessing any services provided by Stockport Mind? If so please give details below regarding which service.

If you were offered a volunteer position, how soon would you be able to start?

Please use this space to let us know of anything you feel is relevant for this role or for the interview, such as ground floor room would be required or times you will not be available for interview:

I declare to the best of my knowledge, I have given correct information:	
Signed:	
Print:	
Date:	

**Disclosure and Barring Service (DBS)**

Many of our volunteer opportunities require a DBS to be completed prior to commencement due to the nature of our organisation, supporting vulnerable adults. If you would like more information regarding why this is required / if this is required for the role you are interested in please feel free to get in touch. There is a list of filterable offences available on line and also information relating to the different levels of checks available, standard or enhanced.

Please complete the below, if required for your role, to the best of your knowledge and be assured that as a forward thinking organisation we will look at any disclosure within context and legal framework.

**Have you ever been convicted (or received a caution, warning or final reprimand) for an offence that would not be filtered from the Police National Computer when it is processed by the Disclosure and Barring Service?**

**Yes No (please circle relevant answer)**

**Have you been barred by the Independent Safeguarding Authority from working with vulnerable adults?**

**Yes No (please circle relevant answer)**

**Please provide any other relevant information**

---

---

---

I agree to Stockport Mind requesting a DBS, if required, to confirm the answers given above.

I agree to inform Stockport Mind if the answers to these questions change while I am a Stockport Mind volunteer.

I agree to the re-application for a DBS periodically during the course of my volunteer placement with Stockport Mind.

I understand that the organisation may from time to time hold personal information on file or electronically, which may be of a sensitive nature. I understand that this information will only be held for volunteer-related purposes and for a reasonable and relevant period of time. I accept that I have the right to view this information and request that amendments be made if it is incorrect.

I declare to the best of my knowledge, I have given correct information:	
Signed:	
Print:	
Date:	