



Thurrock Mind



Bridge House, 160 Bridge Road, Grays, Essex, RM17 6DB
Phone:- 01375 380233
e-mail:- befriending@thurrockmind.org.uk

VOLUNTEER APPLICATION FORM

I am interested in volunteering with (Please circle area/s of interest): -

Drop-In, Befriending, Garden, Admin, Advocacy, Counselling and Groupwork,
Don't know

1. Personal Details:

First name: _____ Family Name: _____

Address: _____

_____ Postcode: _____

Telephone Nos: Landline: _____ Mobile: _____

E-mail address: _____

Person to contact in an emergency: Name _____

Relationship _____

Address _____

Landline Number _____

Mobile No _____

Date of Birth _____

Your Age Group: 18 – 21 21 - 30 31 - 40 41 - 50 51 - 60
61 Plus

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Registered in England and Wales, Registration No: 5256793, Registered Charity No: 1106452
Registered office: 152 Bridge Road, Grays, Essex, RM17 6DB

2. Do you define yourself as disabled? Yes No
If yes, are you registered disabled? Yes No

3. **Your health**

Do you manage an on-going or recurring physical condition or emotional/mental health problem we should know about?

Yes: No:

If yes, please give details:

NB This is not to exclude you from volunteering, but to help us to place you appropriately with this information in mind.

4. **Experience**

Have you been a volunteer before?

Yes: No:

If yes, please give details:

Please tell us about your skills/experience that you see as relevant to supporting people with emotional/mental health problems:

What do you hope to gain from working as a volunteer with Thurrock Mind?

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Do you hold a current driving licence? Yes: No:

Do you have the use of a car? Yes: No:

What are your interests and hobbies? _____

5. Screening Procedure

In view of the vulnerability of some of our clients, we need to screen each person applying to work for us as a volunteer. To assist us with this, please provide the following details:

Independent Referees:

1. Name: _____

Address: _____

2. Name: _____

Address: _____

NB: Not members of your family please.

I agree to these individuals/agencies being contacted to provide references.

Signed: _____

Date: _____

6. Training for Volunteers

All volunteers attend a volunteer training course. Please indicate whether you would prefer to attend training:

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Daytime: Evening:

7. Can you please indicate where you heard about Thurrock Mind services:

- Personal contact Friend
Relative
Work colleague
- Local Newspaper Which one? _____
- Notice Board : Where? _____
- Volunteer Bureau
- Local College Grays Adult Community College
Thurrock and Basildon College
Palmers College
- Local Library Which one? _____
- Other source? Please state: _____

Thank you for taking the time to complete this form.

Please now return it to: **Befriending Scheme Coordinator
Thurrock Mind
160 Bridge Road
Grays
Essex
RM17 6DB**

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DECLARATION OF CONVICTIONS

CRB check is undertaken as part of our volunteer screening process.

Since our work involves extensive contact with people who are either, vulnerable, over 60, disabled or seriously ill, we must ask you to declare whether you have any convictions, bind over orders or cautions.

Under the Rehabilitation of Offenders Act (1975) and the R.O.A. (Exceptions) (Amendment) Order 1986, we ask you also to declare spent convictions.

If you have any criminal convictions it will not automatically prevent you from doing any voluntary work for us, but we do need to know. Any information given will be kept in strict confidence.

Please tick as appropriate:

I have no criminal conviction/bind over order/caution, either spent or unspent.

I have a criminal conviction/bind over order/caution. Please give details below.

Date	Nature of conviction/bind over order/caution

Signed _____

Name _____

Date _____

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