



For better
mental health

**NORTH STAFFS MIND BEFRIENDING/MENTORING SERVICE
VOLUNTEER APPLICATION FORM.**

The information given on this form will be treated in the strictest confidence.

Name:
Date of birth:
Address:
Post Code:
Telephone Numbers: Home: Work: Mobile:
E-mail:

For office use only:	
Date received:	
References:	
# 1:	
# 2:	
Accept letter:	
Contract No.	

6. Where did you hear about the Befriending/Mentoring Service?

7. Do you have access to your own transport? (Please tick).

Yes No

8. Do you have a full driving licence?

Yes No

9. When would you be available to volunteer? (Please tick).

Daytime Evening Weekend

10. Are you currently employed?

Yes No

If yes, please state your employer's name, address, your job title and role.

11. Are you currently a student?

Yes No

If yes, is this Full-time Part-time

If yes, please state the name of the college/university

As part of its equal opportunity policy, North Staffs Mind Befriending/Mentoring Service wishes to ensure that it does not discriminate against ex-offenders. However because of the sensitive nature of the work we ask you to complete the following question:

12. Have you ever been convicted of a criminal offence including spent convictions?

Yes No

If yes please give details of date(s) of offence(s) and sentence(s) passed:

Please give the name and address of two referees. These should be people who have known you for at least one year and are not related to you. One of these should be your employer/course tutor or someone who knows you in a professional capacity. The second one can be a personal reference.

Name #1:

Name #2:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

Mobile:

Mobile:

E-mail:

E-mail:

Please sign and date this form to confirm that the information given is true and accurate to the best of your knowledge.

Signed:.....

Date:.....

It is North Staffs Mind's practice to request and obtain references from any individual who wishes to volunteer with us. Referees are asked to complete a basic form confirming how long they have known you, in what capacity and to comment on your suitability for the role. Information will be treated in the strictest of confidence and seen only by the Befriending/Mentoring Worker.

Please send this completed application form to:

Jo Robinson
Befriending/Mentoring Worker
North Staffs Mind
83 Marsh Street
Hanley
Stoke on Trent
Staffs.
ST1 5HN

Tel: 01782 262100

Fax: 01782 262212

E-mail: jorobinson@nsmind.org.uk

Please mark your reply envelope **'PRIVATE AND CONFIDENTIAL'**