North Staffs Mind

For better
mental health

NORTH STAFFS MIND SOCIAL SUPPORT GROUP
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:	
Card Ind	

Please answer the following questions as comprehensively as you can to enable us to evaluate your suitability as a Social Support group volunteer.

1. Why do you want to be a Social Support group volunteer?

2. Please use the space below to give details of any relevant experience which might help us process your application.

3. Where did you hear about the Social Support groups?

4. Please give the name and address of two referees. These should be people who have known you for at last 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:

All volunteers receive ongoing training and support to enable them to make a genuine contribution to local mental health services.

5. Have you had any previous experience or knowledge of mental health problems?

6. For which sessions would you be available?

a) Hanley Tuesdays 6pm-9pm

b) Newcastle Mondays 1pm-4pm

Thursdays 1pm-4pm

Sundays 2pm-4pm

c) Kidsgrove Tuesdays 1pm-4pm

7. How often would you be available for this session?

   a) Weekly
   b) Fortnightly
   c) Monthly

Any additional comments (i.e. are you available for more than one session on an occasional basis if we were short?)

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

   Yes ☐ No ☐

9. Do you have a full driving licence?

   Yes ☐ No ☐

10. What are your interests, hobbies and skills?

11. Do you have any medical condition which you feel we should know about?

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:

13. Would you object to an enhanced police check being carried out?

Yes ☐ No ☐

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

Signed:……. Date:……

Please send this completed application form to:

Carol or Zhenka
North Staffs Mind
83 Marsh Street
Hanley
Stoke on Trent
Staffs.
ST1 5HN

Tel: 01782 262100

Email: communitysupportservices@nsmind.org.uk