

Your Experience & Skills

Please tell us in the section below about any previous volunteering or employment experience, your reasons for wanting to volunteer at Solent Mind and any skills and interests that you have and/or wish to develop

If you have been a user or are a current user of Solent Mind Services please detail below the services you have accessed and the dates from and to when this took place

Equal Opportunities

Solent Mind welcomes volunteer applicants with a range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential.

In order that we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details of any disabilities or health issues in the box below

Please note that we also ask you to complete the Volunteer Recruitment Analysis Form at the end of this application form for monitoring purposes.

CRIMINAL OFFENCES

Have you ever been convicted of any criminal offences, which are not yet spent under the Rehabilitation of Offenders Act 1974?

Yes / No* (* - delete as applicable)

If Yes, please give details on a separate page and enclose in a separate envelope.

Health declaration - In order to help us to assess any additional support required:

Do you have a health condition or are you taking any medication that could reasonably affect your ability to volunteer at Solent Mind? (If yes, we may wish to discuss this with you)	YES/NO
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Do you have a disability for which special arrangements or adjustments are needed? (If yes, we may wish to discuss this with you)	YES/NO
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References

Who can we contact as your referees

Name	Name
Address	Address
Email Address	Email Address
Telephone Number	Telephone Number

How do you know this person	How do you know this person
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Next of Kin/Emergency Contact Details (1)		Can be contacted in an Emergency	<input type="checkbox"/> -Yes	<input type="checkbox"/> - No
Surname:		First Name(s):		
Contact Tel No:		Relationship:		
Mobile Tel No:		Work Tel No:		
Address:				
			Postcode	
Next of Kin/Emergency Contact Details (2)		Can be contacted in an Emergency	<input type="checkbox"/> -Yes	<input type="checkbox"/> - No
Surname:		First Name(s):		
Contact Tel No:		Relationship:		
Mobile Tel No:		Work Tel No:		
Address:				
			Postcode	

Information about visas
 If you are from the European Union, you are free to volunteer in the UK. For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency to find out. Solent Mind is not able to sponsor volunteer visas.

Data Protection
 Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially. They will be accessed by authorised management.

Declaration
I confirm that all the details that I have supplied on this form are true to the best of my knowledge and I recognise that failure to supply the details required or to declare any relevant information may result in my volunteer role with Solent Mind being discontinued.
Signed
Date

For Solent Mind staff use only		
<i>Please return a copy of this form to Human Resources to advise outcome of volunteer application.</i>		
Volunteer application successful	Yes	No

