

# Volunteer Application Form

Firstly thank you for considering volunteering with MHA and we hope you will find it a rewarding experience. To help us in deciding how you can best help us and the people we serve it is important that you complete all sections of this form and tell us about you, your skills, interests and experiences. These experiences can be from work, other volunteering roles or life experience.

## Personal Details

<b>Name:</b> .....	<b>Home Phone Number:</b> .....
<b>Address:</b> .....	<b>Mobile Number:</b> .....
.....	<b>Email:</b> .....
.....	.....
.....	<b>Postcode:</b> .....
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If there is an emergency who should we get in contact with:

<b>Name:</b> .....	<b>Home Phone Number:</b> .....
<b>Address:</b> .....	<b>Mobile Number:</b> .....
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.....	.....
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Type of volunteering you are interested in:

<input type="checkbox"/> Visiting or Befriending	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Gardening	<input type="checkbox"/> Lunch Club
<input type="checkbox"/> Coffee Mornings	<input type="checkbox"/> Support Group	<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Happy to try anything			

Other, please specify: .....

## Availability

Please indicate how many hours you can commit to during the week?

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

How did you hear about MHA?

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Please tell us what attracts you to volunteering for MHA:

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Please tell us what skills / interests / experiences you have which may be relevant to volunteering with MHA: (please cover work / domestic / social or other volunteering experiences)

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Is there anything else you want us to know?

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Do you have any health issues we need to be aware of?

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## Driving

(please delete as appropriate)

Do you hold a current driving license? Yes / No

Are you entitled to drive a minibus? Yes / No

Are you a car owner? Yes / No

Do you have regular access to a car? Yes / No

**MHA welcomes volunteer applicants with all range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back).**

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## **Criminal Convictions**

**Because of the nature of the work, MHA is covered by the Exemptions Order to the Rehabilitation of Offenders Act 1974 and therefore spent convictions must be declared.**

**Have you ever been convicted of a criminal offence or received a caution, reprimand or warning?  
(please delete as appropriate)**

**Yes / No**

**If yes, please give detail:**

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## **Safeguarding**

**Have you ever been the subject of a safeguarding enquiry or ever been included on the DBS Adult Barred List? (please delete as appropriate)**

**Yes / No**

**If yes please give details:**

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## Referees

Please nominate two people (not family / relatives) who have known you for at least two years who can comment on your skills and suitability.

<b>Name:</b> .....	<b>Contact Number:</b> .....
<b>Address:</b> .....	<b>Email:</b> .....
.....	<b>How you know them:</b> .....
.....	.....
.....	<b>Postcode:</b> .....

<b>Name:</b> .....	<b>Contact Number:</b> .....
<b>Address:</b> .....	<b>Email:</b> .....
.....	<b>How you know them:</b> .....
.....	.....
.....	<b>Postcode:</b> .....

## Declaration

If I am appointed as a volunteer I understand that this may involve me receiving confidential information. I agree not to divulge any information concerning any person to anyone outside MHA, unless authorised to do so.

I agree to support the aims, objectives and the values of MHA, and confirm that the information above is correct to the best of my knowledge. I understand that proof of my identity will be required during the recruitment process.

<b>Signed:</b> .....	<b>Date:</b> .....
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Would you like to receive the latest news and fundraising information about MHA?  
(please delete as appropriate)

Yes / No

Thank you for completing this form,  
please return it to: [enquiries@mha.org.uk](mailto:enquiries@mha.org.uk)

For office use only:

Start date: .....

DBS check: Yes / No / N/A

Role: .....

Hours: .....

References received: Yes / No

Other Support / Development Identified:

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