

Swindon and Gloucestershire Mind Volunteer
Application Form



Personal Details					
Name:				Date of Birth:	
Address:					
		Postcode:			
Contact Details:		Tel:		Email:	
How did you hear about Swindon And Gloucestershire Mind (please tick one)					
Local Mind Office	<input type="checkbox"/>	Mind Social Media	<input type="checkbox"/>	Swindon and Gloucestershire Mind	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>	Staff Member	<input type="checkbox"/>	Other please specify:	<input type="checkbox"/>
What Service of Swindon and Gloucestershire Mind do you want to volunteer in (please tick one)					
Swindon Mind Time Support (peer support)	<input type="checkbox"/>	Gloucestershire Mind Time Support (Peer Support)	<input type="checkbox"/>	Event & Fundraising	<input type="checkbox"/>
				Self Harmony Counselling service**	<input type="checkbox"/>
Other please specify	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Do you have any experience of working with people with a mental health condition?					
If yes, please give brief details:					
Do you have any other experience you want to share which you consider useful to your volunteer role with Swindon and Gloucestershire Mind?					
Have you served on a committee or previously undertaken voluntary work?					
If yes, please give brief details:					

Please send a copy of this form back to Carneybonner@sgmind.org.uk

or post to, Swindon and Gloucestershire Mind, Sanford House, Sanford Street, Swindon, SN1 1HE

**** This will require qualifications and an enhanced application form. This will work on a workplace structure****

Please tell us about your reason for applying to become a volunteer with Swindon and Gloucestershire Mind?

What days, time and frequency are you available (please tick one)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Weekly							
Fortnightly							
Monthly							

Is there any other information you would like to give that you consider to be relevant to your application?

Please give details of two referees that we can approach for a reference, one of them should be professional and the other personal however, this does not include family members.

Name:		Name:	
Address:		Address:	
Relationship to you:		Relationship to you:	
Tel:		Tel:	
Email address:		Email address:	

I confirm that all information is true and correct to the best of my knowledge and I have read the privacy policy attached:

Name:		Date:	
Signature (Electronic)			

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Please Send Completed forms to:	
Email:	Carneybonner@sgmind.org.uk
Postal Address	Swindon and Gloucestershire Mind Sanford House Sandford Street Swindon SN1 1HE

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