



## Application for Shop Assistant Addiscombe Shop

In order to become a volunteer we ask that you are:

16 years old or above

Able to commit to a minimum of half a day per week

First Name:  Surname:

Address:

Postcode:

Telephone:

Mobile:

Email:

### Next of Kin/person available in the event of an emergency:

Name:

Contact Number:

Relationship:

Please tell us briefly why you would like to become a volunteer?

Have you any experience of Mental Health, whether it is paid, volunteer work or personal experience?

Do you have any relevant experience? *(please specify)*

Have you any particular skills or interests that you would be prepared to share as a volunteer?

Please indicate the day(s) and times you would be available to volunteer by ticking the relevant boxes:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

Comments  
*(is there anything else you would like to tell us e.g. other commitments, etc?)*

## REHABILITATION OF OFFENDERS ACT

Please note that all applicants are required to undergo criminal record checks as provided by the Criminal Records Bureau. This record check will include details of cautions, reprimands or final warnings, as well as convictions.

A criminal record will not affect your chances of becoming a volunteer, unless it makes you unsuitable for the position. In making this decision, we will consider the nature of the offence, how long ago and what age you were when it was committed, and any other relevant factors. We will keep in strict confidence any information we receive and will store it securely. If these checks reveal evidence that makes you unsuitable for the post, Mind in Croydon reserves the right to dismiss without notice at anytime. By signing this application you are giving your consent to these checks being carried out at any time as a volunteer with Mind in Croydon.

Have you ever been convicted of a criminal offence?      Yes                       No

If you have answered YES, please give details of date(s) of offence(s) and sentences passed:



Your application will be subject to references. Please give the names and addresses of two referees; one should be someone who knows you in a professional capacity (eg from a previous volunteering position or similar). The other should be someone who knows you well, but is not related to you.

### PROFESSIONAL REFEREE

Name:

Position:

Relationship:

Address:

Postcode:

Contact No:

### PERSONAL REFEREE

Name:

Position:

Relationship:

Address:

Postcode:

Contact No:

I declare that I have completed this form to the best of my knowledge.  
I understand that any information regarding service users of Mind in Croydon received as a result of my voluntary work must be regarded as confidential.

Signed

Dated

Thank you for applying to be a volunteer for Mind in Croydon. All information on this form will be treated as confidential.

Please return the completed form to:

The Manager  
Mind In Croydon Shop  
289 Lower Addiscombe Road  
Addiscombe  
Surrey  
CR0 6RE