



Application Form Volunteer Peer Navigator

To volunteer, we ask that you are 18 years old or above & are able to commit to a minimum of three hours per week for a minimum of three months

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

Are you registered with the online DBS update service? Yes No

(The Disclosure and Barring Service (DBS) update service lets applicants keep their DBS certificates up to date online, making it faster to check)

Next of Kin/Person available in the event of an emergency:

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Relationship:	<input type="text"/>	Mobile:	<input type="text"/>

Please tell us why you would like to become a volunteer Peer Navigator outlining any relevant experience relating to the role?

Have you any particular skills or interests that you would be prepared to share as a volunteer? This doesn't have to be related to the role of a volunteer Peer Navigator

Which type of Physical Activity do you enjoy or are interested in trying? *(Tick all that apply)*

- | | | | |
|------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Running | <input type="checkbox"/> Gardening | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Badminton | <input type="checkbox"/> Tennis | <input type="checkbox"/> Football |
| <input type="checkbox"/> Boxercise | <input type="checkbox"/> Yoga | <input type="checkbox"/> Table Tennis | |

Other:

Are there any activities you would prefer not to do?

(Please state activity here)

Would you be willing to assist the Active Minds team in the office?

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

Please note: the Active Minds service who manage the peer navigator volunteers only operates during office hours (9 - 5 Monday – Friday)

- | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |



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:

REFERENCES

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 REFERREE	PERSONAL REFEREE
Name: <input type="text"/>	Name: <input type="text"/>
Position: <input type="text"/>	Position: <input type="text"/>
Company: <input type="text"/>	Relationship: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
Postcode: <input type="text"/>	Postcode: <input type="text"/>
Contact No: <input type="text"/>	Contact No: <input type="text"/>



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:

activeminds@mindincroydon.org.uk

or

Active Minds
Mind in Croydon
Orchard House
15a Purley Road
South Croydon
CR2 6EZ

Tel: 020 8253 8205

In accordance with Data Protection Law, we will only use your personal data for those purposes for which you have given your permission. A full copy of our Privacy Statement is available at www.mindincroydon.org.uk