

## Application Form Volunteer Buddy

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="text" value="Male / 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"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>

Please tell us why you would like to become a Volunteer Buddy outlining any relevant experience relating to the role?

Which type of Activities do you have a special interest in? *(Tick all that apply)*



in Croydon

- |  |                                    |                                       |                                       |
|--|------------------------------------|---------------------------------------|---------------------------------------|
| <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"/> Martial Arts/Boxing | <input type="checkbox"/> Yoga      | <input type="checkbox"/> Table Tennis | <input type="checkbox"/> I.T/Internet |
| <input type="checkbox"/> Other               | <input type="text"/>               |                                       |                                       |

Are there any activities you would prefer not to do?

Would you be willing to offer telephone support to people?

- Yes                       No

### AVAILABILITY

Please indicate the day(s) and times you would be available to volunteer by ticking the relevant boxes. (AM = between 9am & 12pm. PM = between 12pm & 5pm)

- |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Monday</b>               | <b>Tuesday</b>              | <b>Wednesday</b>            | <b>Thursday</b>             | <b>Friday</b>               |
| <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 |

### REFERENCES

Your application will be subject to references. 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	PERSONAL REFEREE
Name: <input type="text"/>	Name: <input type="text"/>
Position: <input type="text"/>	Position: <input type="text"/>
Company: <input type="text"/>	Company: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>
Contact No <input type="text"/>	Contact No <input type="text"/>

### 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

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

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](http://www.mindincroydon.org.uk)*