



For better mental health

MIND IN ENFIELD VOLUNTEER APPLICATION FORM

Mind in Enfield
275 Fore Street, Edmonton
London, N9 0PD

T: 020 8887 1480 F: 020 8887 1481

www.mind-in-enfield.org.uk

Data Protection Act 1988

Membership and personal data collected by Mind in Enfield will be used for administrative purposes only. It will be stored securely in electronic format and it will also be used to notify members of events, issues and news. **Please tick to agree to this statement.**

PLEASE NOTE THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE USED TO ASSESS YOUR SUITABILITY FOR A VOLUNTEER PLACEMENT

PLEASE COMPLETE ALL OF THE FORM WITH CAPITAL LETTERS

Title: Mr Mrs Miss Ms Other (Please State) _____

First Name: _____ Last Name: _____

Address 1st Line: _____

Address 2nd Line: _____

Town: _____ Post Code: _____

Home No.:

Mobile No.: E-mail: _____

D.O.B.: / / Gender: Male Female Transgender

Disabilities: Learning Difficulties Visual Impairments
 Hearing Impairments Mobility Impairments
 Mental Illnesses Other (Please State) _____

- | | | |
|--|--|--|
| (Asian/Brit.) Bangladeshi <input type="checkbox"/> | (Mixed) Asian and White <input type="checkbox"/> | (White) Polish <input type="checkbox"/> |
| (Asian/Brit.) Indian <input type="checkbox"/> | (Mixed) Black and White <input type="checkbox"/> | (White) Russian <input type="checkbox"/> |
| (Asian/Brit.) Pakistani <input type="checkbox"/> | (Mixed) Chinese and White <input type="checkbox"/> | (White) Scottish <input type="checkbox"/> |
| (Asian/Brit.) Sri-Lankan <input type="checkbox"/> | (Mixed) Other <input type="checkbox"/> | (White) Traveller <input type="checkbox"/> |
| (Asian/Brit.) Other <input type="checkbox"/> | (White) British <input type="checkbox"/> | (White) Turkish <input type="checkbox"/> |
| (Black/Brit.) African <input type="checkbox"/> | (White) English <input type="checkbox"/> | (White) Turkish Cypriot <input type="checkbox"/> |
| (Black/Brit.) British <input type="checkbox"/> | (White) Greek <input type="checkbox"/> | (White) Welsh <input type="checkbox"/> |
| (Black/Brit.) Caribbean <input type="checkbox"/> | (White) Greek Cypriot <input type="checkbox"/> | (White) Other <input type="checkbox"/> |
| (Black/Brit.) Ghanaian <input type="checkbox"/> | (White) Gypsy/Romany <input type="checkbox"/> | (Other) Chinese <input type="checkbox"/> |
| (Black/Brit.) Nigerian <input type="checkbox"/> | (White) Irish <input type="checkbox"/> | (Other) Middle East <input type="checkbox"/> |
| (Black/Brit.) Somalia <input type="checkbox"/> | (White) Italian <input type="checkbox"/> | (Other) Other <input type="checkbox"/> |
| (Black/Brit.) Other <input type="checkbox"/> | (White) Kurdish <input type="checkbox"/> | Unknown/ Not Stated <input type="checkbox"/> |

Please provide the details of someone we can contact in an emergency.

Title: Mr Mrs Miss Ms Other (Please State) _____

First Name: _____ Last Name: _____

Address 1st Line: _____

Town: _____ Post Code: _____

Telephone No.:

Relationship: Spouse Parent Daughter Son Other



Barnet, Enfield and Haringey **NHS**
Mental Health NHS Trust



Registered Charity No.:
1054539

RISK ASSESSMENT

Q1. Do you feel comfortable talking to people on a one-to-one basis?

Q2. Do you feel comfortable in large groups of people?

Q3. Do you find it difficult to cope in noisy environments?

Q4. We often work with individuals with difficult issues, are there any issues that you feel would be difficult for you?

GENERAL QUESTIONS

Q1. How did you hear about Mind in Enfield?

Q2. Have you volunteered before?

Yes No Please give brief details _____

Q3. Have you done any further studies which may be relevant to volunteering?

Q4. What is your current employment status?

Employed Unemployed Self-employed Student Retired Other (Please State) _____

Q5. How do you plan to travel to Mind in Enfield?

Car Public Transport Bike Other (Please State) _____

Q6. Do you have a current valid Driving license?

Yes No

Please continue to the next page



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Q7. What is your experience or understanding of mental distress?

Q8. Why have you applied to become a Volunteer?

Q9. What experience/skills can you bring to Mind in Enfield?

Q10. Are you a placement student?

Yes No If Yes please state from where: _____

Q11. Do you have any more information you feel is relevant to your application?

REFERENCES

Please provide full details of two references one of which must be your last employer, course tutor etc. and the other could be someone who knows you personally (Not a family member).

Referee 1 Title: Mr Mrs Miss Ms Other (Please State) _____

First Name: _____ Last Name: _____

Address 1st Line: _____

Town: _____ Post Code: _____

Contact No.: E-mail: _____

Referee 2 Title: Mr Mrs Miss Ms Other (Please State) _____

First Name: _____ Last Name: _____

Address 1st Line: _____

Town: _____ Post Code: _____

Contact No.: E-mail: _____

Please continue to the next page



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REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of Mind in Enfield's work, roles are exempt from section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended in 2002. You are therefore obliged to submit to Mind in Enfield of any convictions including convictions that are now spent. Any information will be confidential. All volunteers will be subject to checks of the Disclosure and Barring Service. Full information can be found on the sheet entitled Safer Recruitment to Protect the Vulnerable which is available from the Volunteer Project Coordinator.

Mind in Enfield does not consider that having a criminal record is necessarily a bar to becoming a volunteer in the organisation. Decisions taken regarding the use of volunteers with criminal records will only be taken after open and measured discussion with the potential volunteers and the consideration of the nature of the role and the circumstances, nature and background to the offences and/or information provided.

PLEASE ANSWER THE FOLLOWING QUESTIONS

Q1. Do you have any current or previous (i.e. spent) convictions?

If Yes, please provide details on a separate sheet and place in an envelope marked "Private and Confidential" and address is to the Social Support and Wellbeing Manager or Volunteer Co-ordinator

Yes No

Q2. Are you an ex-offender?

Yes No

AVAILABILITY

Please provide your availability by ticking the boxes below

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Eve.							

Please state how many hours you are able to work each week _____

Please circle which areas you would like to volunteer in

Administration

Advocacy

Café

Drop-in

Mind, Body & Soul (Allotment/Gardening)

Reception

Welfare Benefits

Workshops i.e. Yoga, Art, Writing, Tai Chi

Other (Please State)

Please continue to the next page to see the confidentiality policy and volunteer agreement



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CONFIDENTIALITY POLICY

I recognise that during my time as a volunteer for Mind in Enfield, I will have access to information about the Organisation, Staff, Volunteers, Committee Members and Service Users (Members) this information is confidential, unless expressed otherwise.

I will not disclose any such information to people outside Mind in Enfield without the permission of the Chief Executive Officer, Social Support and Wellbeing Manager, Volunteer Co-ordinator, or Executive Committee.

I agree to uphold this commitment of confidentiality whilst at Mind in Enfield and thereafter.

Volunteer's Signature: _____ Date: / /

Print Name: _____

Worker's Signature: _____ Date: / /

Print Name: _____

VOLUNTEER AGREEMENT

This sets out the reasonable expectations between the Volunteer and Mind in Enfield. It is not intended as a legally binding agreement and there is no intention that the volunteer should be treated as an employee or a worker.

The role(s) you will undertake as a Volunteer will be agreed by yourself and the Social Support and Wellbeing Manager or Volunteer Co-ordinator when you become a Mind in Enfield volunteer and will be reviewed regularly with you.

Because you are a Volunteer, we cannot and will not require you to carry out specific roles. However, within that understanding we hope it will be possible for your volunteering experience to be beneficial both for you and for Mind in Enfield.

Notification of Absence

We ask you to give us a week's notice of planned absence. If you are unable to volunteer due to sickness or unforeseen circumstances we ask you to notify the Social Support and Wellbeing Manager or Volunteer Co-ordinator on the first day of absence, if possible.

Review meetings

Review meetings are usually held every 6-8 weeks; this is a one to one meeting with the Social Support and Wellbeing Manager or Volunteer Co-ordinator. They aim to support volunteers and provide a forum for constructive feedback. The information in your application form may also be used during reviews for your placement, and through review meetings Mind in Enfield will try to help the volunteer carry out his/her role(s) and enable the volunteer to assist the organisation, whilst enjoying his/her role(s).

Volunteer's Signature: _____ Date: / /

Print Name: _____

Worker's Signature: _____ Date: / /

Print Name: _____

Thank you for your time and interest in Volunteering for Mind in Enfield



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