

**VOLUNTEER**

**APPLICATION FORM**

Thank you for your interest in volunteering at North East Lincolnshire Mind.

If you would like any assistance in completing this application form, or if you would like an alternative format, please contact us.

The information you provide is strictly confidential. We welcome applications from people of all abilities, backgrounds and communities.

We would like to keep in touch with you about the vital work we do for mental health in our local area, our fundraising appeals, ways you can support us, and our campaigning activities.

We will never sell your data, and we promise to keep your details safe and secure.

Do you agree to being contacted by email? 🞎 By post? 🞎

You can change your mind at any time by emailing volunteering@NELmind.org.uk or by calling 01482 240200. For further details about how your data is used and stored, go to [www.nelmind.org.uk/privacy](http://www.nelmind.org.uk/privacy)

**Please complete and return this form to: Volunteer Coordinator, Hull & East Yorkshire Mind, Wellington House 108 Beverley Road Hull HU3 1YA or by email to** [**volunteering@nelmind.org.uk**](mailto:volunteering@nelmind.org.uk)

**Personal Details**

X local Mind  
Address line 1

Address line 2

Town, POSTCODE

|  |  |
| --- | --- |
| **Role Applied For:** | Fundraising and Events Volunteer |
| **Forename:** |  |
| **Surname:** |  |
| **Preferred Name:** |  |
| **Pronouns:** |  |

**Contact Details**

|  |  |
| --- | --- |
| **Address:** |  |
| **Postcode:** |  |
| **Date of Birth:** |  |
| **Main Telephone Number:** |  |
| **Alternative Telephone Number (if you have one):** |  |
| **Email Address:** |  |

**Emergency Contact Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to You:** |  |
| **Telephone Number:** |  |
| **Address:** |  |

**Why do you want to volunteer at NEL Mind?**

**What interests you most about the role you have applied for?**

**(include any relevant skills, qualifications or experience)**

**This role involves engaging with the public, do you feel comfortable doing this and can you give us some examples of when you have?**

**Do you speak any languages other than English?**

**(If so please list below)**

**How did you hear about volunteering at NEL Mind?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Article/Advert |  | Website |  | Please give details |
| Event |  | Word of Mouth |  |  |
| Poster/Leaflet |  | Social Media |  |

**References**

Before NEL Mind can place you as a volunteer, we must take up two references. Please give details of two people (not related to you) who have known you for at least a year.

Please note, to save cost and time our preferred communication method for referees is email.

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Address: |  |
| Phone Number: |  |
|  | |
| Name: |  |
| Relationship: |  |
| Address: |  |
| Phone Number: |  |

**Health**

To enable us to consider any appropriate adjustments and to suitably support you in your application, please give details of any disabilities or health problems we should be aware of:

**Criminal Convictions & Safeguarding**

NEL Mind is committed to safeguarding and promoting the welfare of vulnerable adults. It is NEL Minds policy to seek an enhanced Disclosure Barring Scheme Check for all volunteers.

Do you have any criminal convictions or any pending? Yes  No

If yes please give details. A prior or pending criminal conviction may not prevent you from volunteering with NEL Mind, but failure to disclose relevant information may result in your voluntary position being terminated. This information will be kept in strictest confidence.

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**Personal Declaration**

I hereby apply to become a volunteer with NEL Mind. If accepted, I will abide by the principles of volunteering outlined in the charity’s Volunteering Policy. I agree to abide by all NEL Mind policies and guidelines and understand that I have a responsibility for my own and others’ Health & Safety while volunteering with the charity.

|  |
| --- |
| Signed or printed name:       Date: |

I agree that NEL Mind may hold and use the data on this form for the purposes of administering and supervising my work with the charity and that such data may be available to those who reasonably need to know the same within the charity.

X local Mind  
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