# Volunteer Application Form

**When complete please return to:** [**admin@sthelensmind.org.uk**](mailto:admin@sthelensmind.org.uk)

**In which area would you like to volunteer? Please tick the box**

**In person befriending**

**Telephone befriending**

**Allotment – A Place to Grow**

**Men’s Group**

**Mixed Social Groups**

**Music in Mind**

**Art Group**

**Cinema (starting February 2022)**

**Ladies Craft Group (starting 2022)**

**Please click on the grey boxes to input information - the boxes expand as you type**

|  |  |
| --- | --- |
| First Name Click or tap here to enter text. | Surname Click or tap here to enter text. |
| Address including postcode  Click or tap here to enter text. | Date of Birth  Click or tap here to enter text. |
| Telephone:Mobile | 1. mail address: |
| Gender: Male / Female | Occupation: Click or tap here to enter text. |
| Language(s) spoken other than English  (please say how fluently):  Click or tap here to enter text. | How did you hear about us?  Click or tap here to enter text. |
| Please say briefly why you are interested in volunteering with Mind.  Click or tap here to enter text. | |
| Do you have any experience of supporting people in mental or emotional distress?  (This could be as a paid worker, a volunteer or a friend/relative.)  Click or tap here to enter text. | |
| Do you have any personal experience of mental or emotional distress?  Please give brief details if you wish.  Click or tap here to enter text. | |
| Do you have any other experience or training which you feel would be helpful to the role you are applying for as a Mind volunteer?  Click or tap here to enter text. | |
| What are your hobbies and interests?  Click or tap here to enter text. | |
| What is your religious /cultural background? [You do not have to answer this question but if you are interested in befriending it may be helpful in matching you with a scheme user.]  Click or tap here to enter text. | |
| Please give the names and addresses of two people whom we can ask for a reference.  They should have known you for at least two years and be able to speak about your suitability as a Mind volunteer. They should not be related to you or living with you. One referee should be someone who has known you in a professional capacity. | |
| **Referee 1** | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| **Referee 2** | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |

POLICE CHECKS (Disclosure and Barring)

Because St.Helens Mind works with vulnerable people, it is our policy to carry out police checks on all staff and volunteers. Acceptance as a volunteer is subject to a satisfactory police check. We will contact you about the Police check once your application has been accepted.

I would like to apply to be a volunteer with St.Helens Mind

Signed: Click or tap here to enter text.

Date: Click or tap here to enter text.

For office use:-

Date Received: Click or tap here to enter text. Interview Date: Click or tap here to enter text.

DBS Completed: Click or tap here to enter text.Training Date: Click or tap here to enter text.

**Equal Opportunity Policy**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Volunteer Equality and Diversity Monitoring**  St.Helens Mind is keen to ensure that volunteers come from a variety of cultures, backgrounds and reflect the population the organisation serves. Volunteers are selected in line with the volunteer policy, on the basis of skills and ability. No one will receive less favourable treatment on grounds of disability, gender, ethnic origin or age. In order to ensure that the policy is being carried out, would you please provide the following information: | | | | | | | | | | |
| Date form completed | | | | | | Click or tap here to enter text. | | | | |
| Which role have you applied for? | | | | | | Click or tap here to enter text. | | | | |
| What is your age? Please tick one box | | | | | | | | | | |
| **16-19** | | | | **☐** | | | **50-59** | | | ☐ |
| **20-29** | | | | ☐ | | | **60-69** | | | ☐ |
| **30-39** | | | | **☐** | | | **70+** | | | ☐ |
| **40-49** | | | | **☐** | | |  | | |  |
| What is your ethnicity? Please tick one box | | | | | | | | | | |
| 1. **Asian Bangladeshi** | | | | **☐** | | | **9. White and Black African** | | | **☐** |
| 1. **Asian Indian** | | | | **☐** | | | **10. White and Black Caribbean** | | | **☐** |
| 1. **Asian Pakistani** | | | | **☐** | | | **11. White and Asian** | | | **☐** |
| 1. **Asian Chinese** | | | | **☐** | | | **12. Other Mixed** | | | **☐** |
| 1. **Other Asian** | | | | **☐** | | | **13. White British** | | | **☐** |
| 1. **Black African** | | | | **☐** | | | **14. White Irish** | | | **☐** |
| 1. **Black Caribbean** | | | | **☐** | | | **15. Other White** | | | **☐** |
| 1. **Other Black** | | | | **☐** | | | **16. Other (please specify)** | | |  |
| What is your gender? Please tick one box: | | | | | | | | | | |
| **Female** | **☐** | **Male** | **☐** | | (short answer space) | | | **☐** | **Prefer not to say** | **☐** |
| Do you consider yourself to have a disability? Please tick one box | | | | | | | | | | |
| **The Disability Discrimination Act defines disability as “A physical or mental impairment, which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities”.** | | | | | | | | | | |
| **Yes** | | | | **☐** | | | **No** | | | **☐** |
| **If yes, please give details** | | | | | | | | | | |
| Please state where you saw this volunteering role advertised        Click or tap here to enter text. | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |

Thank you for completing the above information which will ensure St Helens Mind is able to monitor its equal opportunity policy.

**Mission Statement**

St.Helens Mind is an independent, user focused organisation providing quality services for local people who are experiencing isolation and distress due to mental ill health. We will do this by:

Providing a range of services appropriate to the needs of people experiencing mental distress that enhances their self-worth as valued citizens.

Promoting increased awareness and understanding of mental health issues within the community

**Aims and Objectives**

St.Helens Mind aims to promote and preserve good mental health and to assist those experiencing mental distress to regain their full potential.

Our aim is to support people aged 18+ who are experiencing mental difficulties in St.Helens Borough so they achieve their full potential and play and active part in community life.

**Vision and Values**

Our vision is that there will be no stigma surrounding mental ill health, and for people experiencing mental difficulties to automatically have access to appropriate, timely, unlimited and effective support. We aim to improve the lifestyles of people living in St.Helens Borough regardless of their cultural, religious and lifestyle needs.

Our services are non-judgemental and offer opportunities to develop self-esteem and confidence by encouraging and supporting involvement.

**Quality**

We are affiliated to Mind and are committed to their quality management programme (Quality Management in Mind (QMIM)

St.Helens Mind is committed to achieving high quality in the provision of services for people with mental health needs within the following principles:

* To strive for continuous improvement in all that we do.
* To use recognised/agreed standards as a means of continuous improvement and not as ends in themselves
* To agree quality requirements with commissioners and service users and to try to adhere to these at all times
* To work in the best interests of our service users at all times

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