

Dacorum Resource Centre  
139 Leighton Buzzard Road  
Hemel Hempstead  
Herts  
HP1 1HN



Ware Resource Centre  
The Warehouse  
14 New Road  
Ware  
Herts  
SG12 7BS

## VOLUNTEER APPLICATION FORM

Date: \_\_\_\_\_

Please write in BLOCK CAPITALS  
using **black ink**. Thank you.

Title: Mr / Mrs / Miss / Ms (Please circle)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Access to car: Yes  No

Emergency Contact Name: \_\_\_\_\_

Relation to Volunteer: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

- Please indicate the role(s) you are currently interested in. This can be changed at a later stage.

One-to-one  Groups  Unsure  (Please tick)

- Please also indicate the days and times you are available to volunteer.

Any <input type="checkbox"/>	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Notes	_____						
	_____						
	_____						

- Where did you hear about volunteering for the Herts Mind Network?

\_\_\_\_\_



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### REFEREES

People living with mental health problems can be especially vulnerable. Therefore, we do require an enhanced Criminal Records disclosure check to be carried out following your application. Please be reassured that disclosure information will not be used unfairly and that a criminal record will not necessarily be a bar to obtaining a position with Herts Mind Network. We also require the names of two people (not relatives and not someone living at your own address) who we can contact for references. Please check that your friends/colleagues are prepared to do this. If you have any queries regarding references or CRB checks, please contact us on the number above.

#### Referee 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relation to you: \_\_\_\_\_

#### Referee 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relation to you: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_