

Appropriate Adult Volunteer

Application form

Thank you for your interest in volunteering with Middlesbrough & Stockton Mind.

Please note this application is recruiting sepcifically for night shift and weekends only.

Please don't apply if this is not suitable for you.

Section 1: Personal Details

1. Name

2. Address

3. Telephone number

4. E-mail

5. Date of birth

6. Work

Are you:

Full-time employed [] Part-time employed [] Self-employed [] Student []

Primary carer [] Retired [] Long term sick/unable to work []

Other:

7. Emergency Contact

Name	Relationship to you	Contact number
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

Section 2: Volunteering for Middlesbrough & Stockton Mind

8. Please provide some background information about yourself. What are you interest, hobbies etc?

9. What are your reasons for wanting to become a volunteer with Mind's Appropriate Adult service?

10. What skills and experience will you bring to the role (Including any other voluntary work, paid work, life experience and training/education)? Please include any experience of supporting people even if this informally.

11. What is your understanding of mental health difficulties and wellbeing?

12. What would you hope to gain from volunteering with the Mind's Appropriate Adult service?

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13. Availability

What days would you be available to work from midnight to 7am?

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Where did you hear about this volunteer post?

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Section 3: Referee & declarations

14. Please give the details of two people who are prepared to act as a referee on your behalf. Referee's must have known you for 12 months or more and can be work colleagues or college tutors but not friends or relatives. We will write to them as part of the volunteer recruitment process.

Name of referee 1:	
Address:	
Tel:	

E-mail:	
Relationship to you:	
Name of referee 2:	
Address:	
Tel:	
E-mail:	
Relationship to you:	

15. Volunteering with Mind involves contact with vulnerable. All volunteers will be subject to a check by the Criminal Records Bureau. We will not automatically rule out applications from ex-offenders, but we need to know facts to make a considered judgement. Please confirm that you have completed and signed the Protection of Vulnerable Adults/ Declaration of Criminal Convictions Form.

Signature: _____ **Date:** _____

16. Declaration

I declare that to the best of my knowledge the information given in this application form is true and complete. I give permission for my details to be held securely according to the Data Protection Act.

Signature: _____ **Date:** _____

Strictly private and confidential

Protection of Vulnerable Adults / Declaration of Criminal Convictions Form

As stated on our volunteering application form, all applicants for volunteering are required to complete this confidential declaration. Please complete this form in ink.

The role that you are applying for is likely to involve direct contact with vulnerable adults and is therefore exempt from the Rehabilitation of Offenders Act 1974. You must provide us with details of any pending prosecutions or convictions (including cautions, bind overs, supervision orders or secure orders) which you may have, even if they would otherwise be regarded as 'spent' under this Act.

Have you any criminal convictions, cautions, bind overs, supervision orders, secure orders or pending criminal proceedings?

Yes No

Have you ever been interviewed in connection with or been the subject of any abuse investigation or inquiry?

Yes No

If you have answered yes to either of the above questions, please provide details below and continue overleaf if necessary:

Date of offence	Nature of offence/inquiry	Sentence passed

Declaration

To the best of my knowledge and belief, the information given above is correct. I understand that if I am offered and take up a voluntary position with Middlesbrough and Stockton Mind and this information is inaccurate, I am liable for dismissal.

Signature: _____

Date: _____

Equal Opportunities Monitoring Form

We would like to know a bit more about you, to understand who is volunteering with us, and who we need to work harder to reach. We also want to make sure we understand the needs of all the communities we work with. Completing these questions is voluntary, and the information you provide will be entirely anonymous. Thanks for your help.

What is your gender?	
	Female
	Male
	Non-binary
	Another / prefer to self-describe
	Prefer not to say

Have you ever identified as trans?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say

What is your sexual orientation?	
<input type="checkbox"/>	Bi
<input type="checkbox"/>	Gay/lesbian
<input type="checkbox"/>	Heterosexual/straight
<input type="checkbox"/>	Another / prefer to self-describe
<input type="checkbox"/>	Prefer not to say

What is your ethnic background?	
<input type="checkbox"/>	Asian or Asian British – Bangladeshi
<input type="checkbox"/>	Asian or Asian British – Indian
<input type="checkbox"/>	Asian or Asian British – Pakistani
<input type="checkbox"/>	Asian or Asian British - other
<input type="checkbox"/>	Black or Black British – African
<input type="checkbox"/>	Black or Black British – Caribbean
<input type="checkbox"/>	Black or Black British - other
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Mixed – White and Asian
<input type="checkbox"/>	Mixed – White and Black African
<input type="checkbox"/>	Mixed – White and Black Caribbean
<input type="checkbox"/>	Mixed – other
<input type="checkbox"/>	White British
<input type="checkbox"/>	White Irish
<input type="checkbox"/>	White other
<input type="checkbox"/>	Other
<input type="checkbox"/>	Prefer not to say

Do you consider yourself to have a long-term health condition or learning difference that has a substantial or long-term impact on your ability to carry out day to day activities? Examples may include epilepsy, depression, Asperger's syndrome, or deafness.	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say

Thank you for taking the time to complete this application form.

Please return completed form to appropriateadult@middlesbroughandstocktonmind.org.uk.
 If you have any questions, please contact us on 01642 257020

Middlesbrough and Stockton Mind
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Middlesbrough
TS4 2QX

t: 01642 257020

e: info@middlesbroughandstocktonmind.org.uk

w: www.middlesbroughandstocktonmind.org.uk

Follow us on Twitter: @MboroStcktnMind

Find us on Facebook: MboroStcktnMind

*Our goal is that the people of
Middlesbrough and Stockton
sustain good mental health,
enabling them to manage and
enjoy their lives.*

Registered Charity No : 1118098