



For better
mental health

MID CHESHIRE MIND, The Civic Hall Bungalow, 1a, Dene Drive, Winsford,
Cheshire CW7 1AX

Tel: 01606 863305

Email: office@midcheshiremind.org.uk

VOLUNTEER APPLICATION FORM

Full Name:

Address:

.....

.....

.....

Tel:

Email:

Date of Birth

Full Driving licence: Yes or No

Relevant voluntary or paid experience that will support your application

Continue on a separate sheet if necessary

Give three reasons why you wish to become a volunteer

Details of any skills that may be useful as a volunteer

References

Please give the names and addresses of 2 referees, they should **not** be related to you

Name

Name:

Position:

Position:

Address:

Address:

Contact No:

Contact No:

Have you ever been convicted of a criminal offence?

Please answer Yes or No

If your answer is yes then please give details of dates, offences, nature of offence and sentence past.

N.B. Offences which would be deemed as spent under the Rehabilitation of Offenders Act 1974 need not be declared.

Mid Cheshire Mind operates a volunteer rota, it would therefore be helpful to know how many hours per week you are available.

Please state hours available

..... hrs per week

I confirm to the best of my knowledge that the information given on this form is true and correct.

Signed:

Date