Register Charity Number: 700788
21 Dingle Walk, Winsford, Cheshire, CW7 1BA

Tel: 01606 863 305

Email: office@midcheshiremind.org.uk

Volunteer Application Form

Full name: .....

Address: .....

Postcode: .....

Telephone: .....

Email: .....

Date of Birth __/__

Relevant voluntary or paid experience that could support your application.

Give 3 reasons why you would like to volunteer with North Staffs and Cheshire Mind

1

2

3

Detail any qualifications, skills or experience you have that may be useful in a volunteer role.

References

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

Name:

Position:

Address:

Email:

Contact

Name:

Position:

Address:

Email:

Contact

Have you ever been convicted of a criminal

offence? Please answer Yes or No

If your answer is yes, 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.*

Please share your availability:
Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Any additional comments:

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

Signed:

Date