



For better  
mental health



circle of friends

APPLICATION TO JOIN CIRCLE OF FRIENDS  
BEFRIENDING SERVICE AS A VOLUNTEER

Full Name ..... Any previous name .....

Date of Birth .....

Address

.....  
.....  
..... Postcode .....

Home telephone: .....

Work telephone: .....

Mobile telephone: .....

E-mail: .....

Please use this space to give us details of any previous employment, experience and qualifications that you feel you can bring to Circle of Friends (please attach a separate sheet if you need more space).

Please tell us your reasons for wishing to join Circle of Friends as a volunteer.  
Please include your particular interests and hobbies.

How did you hear about Circle of Friends?

Do you own / have access to a car?            YES / NO  
Do you have a full, clean driving license?            YES / NO

Do you have any strong feelings (including religious or political) about issues that may be relevant to working as a volunteer within Circle of Friends? If yes, please specify.

Is there a particular type of problem, person or situation that you feel you might not wish to work with, or may find especially difficult?

Do you have close personal experience of mental health issues? Please expand if you wish.

**Rehabilitation of Offenders Act 1974**

Please turn over ...

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

**All of our volunteers need to answer the following questions:**

Have you ever been convicted of any criminal offence by a court of law?

YES/NO

If YES, please give details whether 'spent' or not, of the date, place and sentence.

Details:

Failures to disclose any criminal conviction could lead to your application being rejected or, if you are accepted, to your immediate dismissal. All information will be treated as confidential.

Signed ..... Date .....

***Scarborough, Whitby and Ryedale Mind will require an Enhanced Check by the Criminal Investigation Bureau. This will be done on your behalf by Scarborough, Whitby & Ryedale Mind.***

Is there any other information you feel we should know or that you would like to share with us at this stage?

Please turn over ...

**Referees**

Please give the names, addresses and telephone numbers of **two** referees (not relatives). One should be independent, i.e. not a friend. Please state how long you have known them.

1. ....  
.....  
.....

Postcode.....

Tel No: .....

Relationship: .....

Length of time known: .....

2. ....  
.....  
.....

Postcode.....

Tel No: .....

Relationship: .....

Length of time known: .....

Thank you for completing this application form

Please send it to:  
The Befriending Service  
Scarborough, Whitby & Ryedale Mind  
PO BOX 304  
Scarborough  
YO11 3YJ