



For better
mental health



circle of friends

APPLICATION TO JOIN CIRCLE OF FRIENDS BEFRIENDING SCHEME AS A VOLUNTEER

Full name:

Any previous name:

Date of birth:

Address:

.....

.....

..... Postcode:

Home telephone:..... Work telephone:

Mobile telephone:..... E-mail address:.....

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 Befriending Scheme as a volunteer.
Please include your particular interests and hobbies.

How did you hear about Circle of Friends Befriending Scheme?

Do you own/have access to a car?

YES

NO

Do you have a full, clean driving licence?

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

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:

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

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

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. Name:

Address:

.....

.....

.....Postcode:

Telephone No:

Length of time known:

2. Name:

Address:

.....

.....

.....Postcode:

Telephone No:

Length of time known:

Signed Date

Office use only

Date received:

Thank you for completing this application form

Please send it to:
The Befriending Scheme
Scarborough & Ryedale Mind
PO Box 304
Scarborough
YO12 5XW