

**Volunteer Application Form**Thank you for your interest in volunteering with The Mental Health Foundation. Please complete the form below and send it via e-mail it to the key contact for the project.

Please note that this role is subject to a successful references and Disclosure check.

**Project:** Reclaiming Our Heritage **Contact:** Eilidh Hollow, Development Officer ‘Reclaiming Our Heritage’ [ehollow@mentalhealth.org.uk](mailto:ehollow@mentalhealth.org.uk), 0141 406 8813

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| --- |
| Your Information |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| E-mail |  |

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| --- |
| When is the best time to contact you? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Morning (9am-11pm) |  | Afternoon (12pm-4pm) |  | Evening (5pm-7pm) |  |

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| Info Sessions & Training |

Training will take place on Wednesday 18th and Thursday 19th March 2020, from 9.30am-4.30pm in Inverness.

An introduction session will be held in Inverness for those interested in volunteering.

We ask that all volunteers are available for both training dates and **one** introduction session.

Please confirm that you can attend *both* training days and *one* intro session.

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| --- | --- | --- | --- |
| **Introduction Session** | | **Training (Both Days)** | |
| Thursday 20th February 1pm-3pm |  | Wednesday 18th March 9.30am-4.30pm |  |
|  |  | Thursday 19th March – 9.30am-4.30pm |  |

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| What is your availability during the project? |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

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| About You |

*Below are some questions which will make it easier for us to support you in your volunteering journey. Please make sure you have had the chance to read the volunteer role description before completing.*

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| 1. Which three things appeal to you the most about this project? |
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| 1. Is there anything we could do to make volunteering more accessible for you? |
|  |
| 1. Do you have anything else you would like to add? (Skills, experience etc) |
| |  | | --- | | References |   In order to volunteer with the Mental Health Foundation, we require two successful reference checks to be completed. References be contacted prior to starting the role.   |  |  |  |  | | --- | --- | --- | --- | | **Reference One** | | **Reference Two** | | | Name |  | Name |  | | Relationship |  | Relationship |  | | Position |  | Position |  | | Address |  | Address |  | | E-mail |  | E-mail |  | | Phone |  | Phone |  |  |  | | --- | | Do you have any allergies or specific dietary requirements? |  |  | | --- | |  | |

*Thank you for completing this application.*

*The key contact will be in touch regarding your interest in this project.*