



For better  
mental health

**VOLUNTEER PERSONAL INFORMATION FORM**

**Confidential - This form is for information only. It will form part of a confidential file held in the office. Your contact details will only be given to other volunteers with your express permission.**

**Personal Information**

Name (Mr/Mrs/Miss/Ms) .....

Address .....

Post Code .....

Date of Birth .....

**Contact Information**

Email .....

Home Telephone .....

Mobile/Work .....

How would you prefer us to contact you (e.g. via email/phone/post)?.....

How did you hear about Cam-mind?.....

Present employment situation.....

Nature of work .....

Length of time in position.....

**Do you have any current / past voluntary work experience?**

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**What previous work experience do you feel may be relevant?**

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**Do you have any other skills/abilities/talents that you feel may be useful?**

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**Interests/Hobbies.....**

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**We are delighted you are interested in becoming a volunteer for Cam-mind, why have you chosen our organisation?**

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**Have you any experience of mental distress?**

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**We will be using the CRB, Criminal Records Bureau, for checks on all volunteer applications. This will be necessary for all new volunteers regardless of any recent CRB applications for other positions. Cam-Mind will cover the cost of the CRB.**

**Do you have any criminal convictions past or present? Please give details.....**

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**What areas are you interested in as a volunteer in Cam-mind? (Please circle)**

- 1:1 Befriending**
- Group Facilitator**
- Trustee/Committee Work**
- Fundraising/Social Activities**

**Which day(s) / evening(s) are you available?.....**

**Are you available in school holidays?.....**

**Do you have ready access to transport?.....**

**Are you willing to travel beyond immediate locality?.....**

**Do you have a clean and valid driving licence? .....**

**Do you have any history of mental/physical health problems that you feel we should know about? If yes please give details.**

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**Please supply two referees who we may contact for reference. Ideally these would not be family and one would be a present/past employer.**

**Name.....**

**Name.....**

**Address.....**

**Address.....**

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**Tel:.....**

**Tel:.....**

**IN THE UNLIKELY EVENT THAT A SITUATION SHOULD ARISE WHERE WE NEED TO CONTACT YOUR FAMILY OR FRIENDS PLEASE COULD YOU COMPLETE THE FOLLOWING:**

**NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON TO CONTACT IN AN EMERGENCY**

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**I certify that the above information is true to the best of my knowledge.**

**Signed..... Date.....**