

**Listening Ear**

**Volunteer Application Form**

Please provide us with the following information about yourself:

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| **Full Name**: |
| **Date of Birth**:  *Please note that applications for this role must be 18 and over.* |
| **Address**: |
| **Postcode**: |
| **Telephone**: |
| **Email**: |

Manchester Mind complies with the General Data Protection Regulation (GDPR). We do not, and never will, sell your data. Your data will be stored in a password protected database that only current Manchester Mind staff can access.

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| **Title of role applying for:** Listening Ear Volunteer |
| **What has led you to apply for this role?** You may like to refer to what interests you about the role description and can include what you hope to get from the role and what you can bring to the role. (300 words max) |
| **Why do you want to volunteer for Manchester Mind?** (200 words max) |
| **Do you understand and agree to the time commitments outlined in the role description? Y/N** |
| Any confirmation of offer of a volunteering role will be subject to an enhanced DBS Check. Having a conviction will not necessarily disbar you from volunteering but checks do need to be made because we work with young adults and vulnerable people. |

Please provide the details below for two people that we can contact for a brief reference. This could be a current or past employer, educational tutors or from another volunteer role. If you do not have these then please provide a personal reference.

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| **Reference 1**  Name:  Telephone:  Email:  Relationship to you: |
| **Reference 2**  Name:  Telephone:  Email:  Relationship to you: |

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| **If offered this role, when would you be able to start?**  **What days and hours would you be available? (Between Monday-Friday 9am-5pm)** |

Following submission of this application we will review your details and if we feel you are suitable we will ask you to attend an informal interview. This will be a chance for us to find out more about you and for you to find out more about us.

We will then let you know whether you have been successful and, should you still wish to volunteer, begin an induction to the volunteering role.

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| **Signed:** | **(type name)** | **Date:** |  |

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| Please return your application form to listeningear@manchestermind.org **PASSWORD PROTECTED**. Then, **text the password** to Gemma on 07561 705 040 or Sian on 07561 705 169 along with your name. This will ensure your personal information is protected. Gemma or Sian will acknowledge your application upon receipt. |

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