

Volunteering Enquiry Form

Thank you very much for your interest in volunteering for Sutton Mental Health Foundation. Please take a moment to fill in this form to tell us a bit more about yourself, what you are interested in doing and what you would like to get out of volunteering at SMHF. We will then invite you in for a chat to see if we have a suitable volunteering opportunity. If you need help with completing this form, please call 020 8770 0172 or email admin@smhf.org.uk

All the information you provide on this form is confidential and will not be passed on to a third party. SMHF complies fully with Current Data Protection and GDPR legislation.

Please tell us about yourself:

Title		Forename(s)	
Surname			
Pronouns			
Address			
Post code			
Telephone			
Email			
Please select which method(s) you would prefer for contacting you about your volunteer application	Phone	Y/N	
	Email	Y/N	Letter Y/N

Have you ever been a member at SMHF? Y/N **Are you a current member at SMHF?** Y/N

Do you have lived or shared experience of Mental Distress? Y/N

If you have any access requirements or health conditions (e.g. medication or allergies etc.) that we should know about please tell us here.

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Please tell us what you would like to do as a volunteer at SMHF (you can tick more than one box)

Helping in the kitchen		Supporting others	
Helping in the Crisis Cafe		Training as a Peer Support Worker	
Handyperson		Sharing my views/helping to improve local Mental Health Services	
Admin		Helping at events/on stalls	
Website		Fundraising	
Social Media		Other (tell us more)	
Gardening/plant care			
Running an activity			

Please tell us why you would like to volunteer at SMHF (you can tick more than one box)

I'm interested in meeting new people		I want to develop new skills	
I've experienced Mental Distress and want help others		Sharing my skills and experience to help others	
Give something back in my community		To make myself more employable	
To keep myself active		Something enjoyable to do with my time	
I want to build my confidence		Other (tell us more)	
I want to make a positive difference			

Please tell us a little more about you and the skills and qualities you feel you could bring to volunteering at SMHF, and any skills you would like to develop

Which days/ times are you available to volunteer? Please tick all that apply

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Are you legally entitled to volunteer in the UK? Y/N

(If you aren't sure you should check with UK Visas and Immigration)

Do you have any convictions which are unspent under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020)?

Y/N

Having a conviction doesn't mean you can't volunteer with us. We will discuss any convictions with you before making a decision.

Volunteering roles at SMHF require a DBS. Do you currently have one? Y/N

Signature:

Name:

Date: