



Volunteer Application Form

New Horizons aims to address the issue of mental health by promoting the positive image of people experiencing mental health or emotional wellbeing issues through challenging discrimination; by means of outreach work; information and support services. So if you are interested in volunteering then please return this form to Tracy Thomas, Volunteer Coordinator for New Horizons.

Name	
Address	
Postcode	
Tel (Home)	
Tel (Mobile)	
Email Address	
Date of Birth	

Where would you like to be based? (Please tick)

Aberdare Centre (Tues, Thurs & Fri)		Rhondda Outreach (Dinas)	
Youth Project (Mon 4pm - 8pm Aberdare)		Hirwaun (Fri)	

Why would you like to help our organisation? (Please include any details of your experience of mental health personal, as a carer, student etc. Or whether this is placement to build knowledge and skills.)

Please continue on a separate piece of paper if necessary.

What role are you interested in? (Please tick)

Mental health Support Website/Newsletter Contributor	
Public Speaking/Awareness Raising	
Tutoring/Facilitating	
Ebay Project/Fundraiser	
Photographer/Reporter	
Website & Graphic Design Project	
Why have you chosen this role? What can you give to this role and what do you hope to get out of it?	

Times and days you are available: _____

References

We need details of two people who know you so we can contact them and ask them to give a reference for you. These could be friends, people you've worked with or volunteered with, a teacher or tutor from school or college, or a neighbour. They can not be a relative or anyone who works or uses the services of New Horizons.

Name:	Name:
Address:	Address:
Tel:	Tel:
How do you know this person?	How do you know this person?
Dates From:	Dates From:
To:	To:

Declaration:

Please attach details of any criminal convictions (only with direct relevance to the job), which are not spent under the rehabilitation of offenders act (1974). I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service/Disclosure Scotland for a Disclosure & Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of volunteering may be withdrawn or my volunteer placement terminated.

All information given will be treated confidentially and will not necessary exclude you from volunteering.

Please tick one of the following:

I have no relevant convictions and all the information on this form is correct.

I have attached details of my relevant convictions and all information on this form is correct.

Signed:

Date: