**Volunteer opportunity**

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| **Opportunity title:** | Group Volunteer |
| **Closedown date for applications:** | Ongoing |
| **Start Date:** | As soon as possible |
| **Duration of volunteer placement:** | Ongoing |
| **Staff support:** | Recovery Worker or Peer Support Worker |
| **Based at:** | Currently via Zoom with face-to-face dates/times and locations to be confirmed |
| **Working days and hours:** | Multiple available |
| **Summary of duties and objective:** | * Support staff to facilitate support sessions and complete ad hoc tasks. * Provide support and encouragement to service users to participate in the group that is taking place. * Support and encourage service users to socialise and gain confidence. * Promote recovery and wellbeing for individuals with a view to them accessing other groups/activities within their local community. * Help with refreshments. * To assist with setting up for the session, setting up tables and chairs, arranging resources and packing away at the end of the day. * Talking with and listening to service users who may require someone to listen to them. |
| **Expenses covered:** | Mileage and parking |
| **Skills and experience needed:** | * Lived personal or professional experience of mental health issues. * Ability to motivate others. * Enthusiasm. * Good communication skills. * Good listening skills. * Health and Safety awareness. * An understanding of recovery and wellbeing. * To be non-judgemental. * To be able to work using own initiative. * Must have a good level of fitness |
| **Other requirements/expectations:** | * Aged 18 or over * Complete application form in full * Attend a short informal interview for selection * Successfully complete a trial period * Satisfactory DBS clearance * Two satisfactory references * Successfully complete Mind BLMK Induction Training * Successfully complete SOVA and Moving and Handling Principles training * Ability to attend regular support/training meetings that may be held in the evenings or the weekend * To ensure confidentiality within the service. * To give reasonable notice of non-availability. |
| **Restrictions** | None |

**Volunteer Application Form**

**Private and Confidential**

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| **Opportunity interested in:** Group Volunteer | | |
| Please complete all pages of this form as well as the Equal Opportunities and Disability Monitoring Form. | | |
| **Personal information** | | |
| **Name:** |  | |
| **Address:** |  | |
| **Tel no:** |  | |
| **Mobile no:** |  | |
| **Please note**: Email will be used as the main means of communication and by supplying an email address, it will be accepted as agreement by you to receive communication electronically. | | |
| **Email address:** | |  |

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| **Emergency contact details** | |
| **Name:** |  |
| **Relationship to you:** |  |
| **Contact no:** |  |
| **Health needs:** |  |

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| **References** | | | |
| Please provide the name and contact details of two people who could act as referees. Neither should be related to you and one should be a previous employer or other professional person if possible.  **Please note:** Email will be used as the main means of communication and if supplying an email address for a referee, it will be used to request a reference electronically. | | | |
| **Referee 1:** | | **Referee 2:** | |
| Name:  Address:  Post code:  Email: |  | Name:  Address:  Post code:  Email: |  |
| Relationship of referee to you: | | Relationship of referee to you: | |
| **Skills and Experience (To support your application, please use this space to tell us how you meet each requirement for this volunteering opportunity as detailed in the job description above)** | | | |
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| **Entitlement to volunteer** | | | |
| **Volunteering for Mind BLMK is subject to satisfactory Disclosure and Barring Service (DBS) clearance – this check was previously called a CRB clearance. Mind BLMK will process an enhanced DBS check for you to include regulated activities with adults as well as children. Because of the nature of the work of volunteers in the organisation, the posts are exempt under the Rehabilitation of Offenders Act 1974 and you are required to reveal all convictions, including those that are spent.**  Have you ever been convicted of a criminal offence? Yes No   Have you any pending criminal charges? Yes  No   If yes to either of the above, please give details on a separate sheet. This information will be treated in the strictest confidence.  (*Convictions will not necessarily prevent you being offered a volunteering role*) | | | |
| Are you entitled to volunteer in the UK? Yes  No   Please provide a copy of the necessary documentation to support your right to volunteer in the UK. | | | |
| **Data Protection** | | | |
| Information provided by you in this application process will be kept for the purposes of monitoring and will be copied for use during the recruitment process. Once the recruitment process is completed, the data will be stored for a maximum of 6 months and then destroyed. If you are the successful candidate, relevant information will be taken from application papers and used as part of your volunteer record. | | | |
| Under GDPR (General Data Protection Regulations 2018) you have specific rights including giving consent for the collection and processing of your personal data (see our Privacy Policy at www.mind-blmk.org.uk). Please indicate below whether you give consent for us to collect, record and process the personal data you have provided for the purposes of recruitment, selection and appointment.     * I give my consent * I wish to find out more information or to check what personal data is being collected and processed before giving my consent   **Signed:**  **Date:** | | | |

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| **Declaration** |
| **I confirm that the information on this form and in any attachments in respect of this application is correct. I understand that false or misleading information or failure to disclose a conviction as defined above, may lead to the withdrawal of a volunteering offer. I also understand that the information may be entered on a computer and, under the terms of the General Data Protection Regulations (GDPR), will be treated in a secure and confidential manner.**  I understand and agree to the need for confidentiality in all aspects of my role as a Mind BLMK volunteer.  I understand and agree to a period of probation as part of my induction to becoming a volunteer with Mind BLMK.  Signed: Date:  **Please note:** By submitting applications electronically you confirm that information supplied is correct. You will be asked to sign and date a printed copy of your application if offered a volunteering role. |

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| **Additional Information** |
| The offer of a volunteering opportunity is subject to passing a short informal interview to establish suitability in line with the needs of the organisation, the receipt of acceptable references and a satisfactory DBS clearance. |
| **Submitting Applications** |
| To return your application please email this form as well as the completed Equal Opportunities and Disability Monitoring Form to: [**sue.o’callaghan@mind-blmk.org.uk**](mailto:Staff.Name@mind-blmk.org.uk) **or post to Sue O’Callaghan, Mind BLMK, The Rufus Centre, Steppingly Road, Flitwick, MK45 1AH** |

**Equal Opportunities and Disability Monitoring**

We aim to provide equal opportunities and fair treatment for everyone. We would like you to complete this form in order to help us understand who we are reaching and to better serve the community. All details will be treated as confidential and are held in accordance with the General Data Protection Regulations (GDPR)

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| **Name:** | | | | |
| **Age group** | **Gender** | | **Sexual orientation:** | **Religion/Faith:** |
| 17 or under  18-29  30-39  40-49  50-59  60-69  70 and over  Prefer not to say | Female Male  The gender ticked above is different from the sex assigned to me  at birth  Prefer not to say | | Bisexual  Gay man  Heterosexual  Lesbian  Other  *Please specify:*  Prefer not to say | Buddhist  Christian (any  denomination)  Hindu  Jewish  Muslim  Sikh  No religion/faith  Other  *Please specify:*  Prefer not to say |
| **Disability** | | **Ethnicity** | | |
| **Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last for at least 12 months?**  No  Yes, limited a lot  Yes, limited a little  Prefer not to say  *If yes, please specify briefly:* | | **White** English / Welsh / Scottish /Northern Irish /British ****  **White** Irish ****  **White** Gypsy or Irish Traveller ****  **\***Any other white background ****  **Mixed** White and Black Caribbean ****  **Mixed** White and Black African ****  **Mixed** White and Asian ****  **\***Any other mixed background ****  **Black** or British African ****  **Black** or British Caribbean ****  **\***Any other black background ****  **Asian** or British Indian ****  **Asian** or British Pakistani ****  **Asian** or British Bangladeshi ****  **Asian** or British Chinese ****  **\***Any other Asian background ****  Other **** *Please specify:*  **Prefer not to say ** | | |

**Thank you for completing this form**