

(Please Complete in Black Ink and BLOCK CAPITALS)		
NAME:		
ADDRESS:		
HOME TEL NO:	WORK TEL NO:	
MOBILE TEL NO:	EMAIL:	
North Kent Mind works with vulnerable adults, all volunteers are required to be DBS checked. Do you have any unspent criminal convictions? If yes, please include details below. This will not necessarily affect your application.		
Please describe briefly why you want to volunteer for		
Please give us an overview of your skills/experience/t	raining and education relevant to volunteering (you	

Please tell us which area or type of volunteering you are interested in?			
Please tell us about your interests which may be relevant to volunteering:			
We need the details of two people whom we can contact for references:			
NAME:			
ADDRESS:			
751 110			
TEL NO:	EMAIL:		
NAME:	1		
ADDRESS:			
	T		
TEL NO:	EMAIL:		
AVAILABILITY FOR VOLUNTEERING:- DAYS/TIMES			

North Kent Mind Registered in England Company No. 5093370 Limited by Guarantee Registered Charity No. 1103790 Affiliated Local Association

General Office:(01322) 291380Housing enquiries(01322) 222256Fax:(01322) 285294www.northkentmind.co.ukemail: admin@northkentmind.co.uk





