



# Community Engagement Volunteer Application

Name:

Address:

Postcode:

Phone:

Date of Birth:

E-mail:

Emergency Contact Name:

Emergency Contact Number:

Availability: *(please tick when you are available)*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about why you want to volunteer with 'Reach Out; Start to End Suicide':

Please tell us about any previous experience, skills, qualifications or training you have which may be useful:

Please give the names and address of two people who could offer a reference.

*(They should not be relatives):*

1. Name:

2. Name:

Address:

Address:

Phone:

Phone:

Email:

Email:

How long have you known this person?

How long have you known this person?

Are there any reasonable adjustments we would need to make to assist your voluntary work for 'Reach Out; Start to End Suicide' e.g. any health problems / disability?

Do you have any unspent criminal convictions? We need to ask this as it may affect your choice of volunteer tasks although it will not necessarily debar you from doing voluntary work with us. *(You are not required to reveal any convictions which are spent under the Rehabilitation of Offenders Act 1974).*

How did you hear about 'Reach Out; Start to End Suicide'?

**Equal Opportunities** – START is an equal opportunities organisation we ensure no one is discriminated against either directly or indirectly on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Signed:

Date:

**Thank you for completing this form, please return it to:**  
**START, Brunswick House, 62 Broad Street, Salford, M6 5BZ**  
**Tel: 0161 351 6021 or by email to: [dennisb@startinspiringminds.org.uk](mailto:dennisb@startinspiringminds.org.uk)**

Start Registered charity no: 1078837