



Maan SMHS Volunteer Registration Form

First Name (s):	Last name:
Home Address:	
Post code:	
Telephone No: (Day)	Telephone No: (Evening):
Email Address:	

What would you like to achieve through your voluntary work at **Maan SMHS**?

Do you have any support needs? Please specify

Previous work experience (Paid or Unpaid):

Any other information relevant to the post:

Days/hours available:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Maan Somali Mental Health is a registered charity no.1125763
Registered company no.6639255



am		am		am		am		am		am		am
pm		pm		pm		pm		pm		pm		pm

When are you NOT available?

Do you have a criminal record? Yes No

Under the Rehabilitation of Offenders Act 1974 if you have substantial access to people under 18, you must:

- declare convictions, even if they are spent.
- You may also be police checked if you do voluntary work for other vulnerable groups.

Having a criminal record will not automatically debar you from doing voluntary work.

How did you hear about **Maan SMHS**?

References

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

Name	Relationship to referee	Position	Address	Telephone number	Email



Data Protection Statement: This is an 'opt-in' scheme. You **must** tick this box in order for Maan Somali Mental Health Sheffield to send you information that may be of interest.

If you do not tick this box your data will be securely held for monitoring and evidencing purposes only. Your personal information is safe; we will not disclose your information to any third party other than to partner organisations who help provide services on our behalf.

We aim to offer the best possible service and operate an Equal Opportunities policy.

If you have a formal complaint, please ask for details of our complaints procedure.

Agreement

Please sign to confirm that the details contained in this form are a true reflection of the discussion.

Signed by Maan Coordinator:	Date:
Signed by Volunteer:	Date:

For Official Use Only:

DBS check requested: ___/___/___ Received: ___/___/___ Letter to volunteer: ___/___/___

Approve / Not Approved / Query

Notes:



Maan Volunteers – Always needed forever appreciated'

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