

# Shop Volunteer Application Form

Thank you for offering your time to volunteer with South Kent Mind!  
 Please complete the form below in full. This information is a requirement for all volunteering opportunities and an interview will not be offered without the completion of an application form. Please return the completed form by email to [contact@southkentmind.org.uk](mailto:contact@southkentmind.org.uk).

## Personal Details

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>		
(If you have lived at this address for less than 3 years, please provide your previous address in the space below)		
<b>Phone/Contact Number(s):</b>		<b>Email:</b>

## Why would you like to volunteer for South Kent Mind?

(Please include the reasons why you think you would be suitable and the experience/abilities you would bring to the role.)

## Which shop would you like to volunteer in?

(Please select as appropriate – if you would like to volunteer for multiple shops, please check each box.)

<b>Hythe Shop</b> South Kent Mind, 105 High Street, Hythe, Kent. CT21 5JH <input type="checkbox"/>	<b>Dover Shop</b> South Kent Mind, 44 Biggin Street, Dover, Kent. CT16 1DB <input type="checkbox"/>	<b>Folkestone Shop</b> South Kent Mind, 46 Sandgate Road, Folkestone, Kent. CT20 1DW <input type="checkbox"/>
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## Availability

(Please include times when you would be available.)

Day	Confirm Availability	Times
Mondays	<input type="checkbox"/>	
Tuesdays	<input type="checkbox"/>	
Wednesdays	<input type="checkbox"/>	
Thursdays	<input type="checkbox"/>	
Fridays	<input type="checkbox"/>	
Saturdays	<input type="checkbox"/>	
Sundays	<input type="checkbox"/>	

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## References

(Please provide two referees; one should be your most recent employer/placement manager/course tutor.)

	Referee 1	Referee 2
Name		
Position		
Relationship to you		
Address		
Phone Number(s)		
Email		

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## Additional Information

Are you related to any trustee/employee/service user at **South Kent Mind**? YES  NO

Do you have a personal/social relationship with any trustee/employee/service user? YES  NO

Have you previously been a client of any South Kent Mind service(s)? YES  NO

If yes, please provide information below of what service(s) you were a client of and when.

Under the Rehabilitation of Offender Act 1974, all criminal convictions must be disclosed. Failure to do so will result in immediate termination of volunteering. Please disclose below any spent convictions or cautions, reprimands or final warnings given to you by the police or any other information that may have a bearing on your suitability for this opportunity:

If you do **not** have any convictions, please tick the box here:

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## Declaration

The information provided by me, to the best of my knowledge, is correct. I understand that my application will be disqualified, or after appointment, disciplinary action taken, if I have knowingly given false information. I consent to this information being checked by South Kent Mind and for it to be used during the recruitment process.

**Signed:**

**Date:**

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## How did you hear about this volunteering opportunities?