# PM1.1. PRIVATE AND CONFIDENTIAL

# PEER MENTOR VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering as a peer mentor for Wheels for Wellbeing. We would like to know more about you.

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| Contact information |
| Name |  |
| Address |  |
| Postcode |  |
| Date of Birth |  |
| Phone number |  |
| Email address |  |
| Where did you hear about us? |  |

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| Details of two referees who know you well and will comment on your ability to volunteer with us. This could be a current or previous employer / volunteer coordinator (not a relative): |
| Name |  | Name |  |
| Relationship |  | Relationship |  |
| Telephone |  | Telephone |  |
| Email address |  | Email address |  |
| We will only contact your referees when you are due to start volunteering with us. You need satisfactory referees to continue volunteering with us.  |
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| Eligibility to work / volunteer |
| Are you valid to work in the UK?  | ☐ Yes  | ☐ No |
| You need to be a UK or EU national or hold a valid work / student permit that allows volunteering. We will ask for proof at our volunteer meeting. |

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| About you |
| Why would you like to volunteer with us? Please give a brief statement explaining your motivation for volunteering with us. |  |
| Tell us more about you and why you will be a great volunteer for Wheels for Wellbeing (any experience of volunteering elsewhere, any skills or qualifications you bring etc.).  |  |
| Let us know if you need support to volunteer with us and how we can help.  |  |

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| Your agreement |
| I agree that: | ☐ I am over 18 years old.☐ My details may be shared with relevant staff, volunteers and partners in connection with my volunteering at Wheels for Wellbeing. |
| I declare that the information I have given to the best of my knowledge is true and complete. |
| Signed: |  |
| Date: |  |

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| Your agreement |
| I declare that the information I have given to the best of my knowledge is true and complete. |
| Signed: |  |
| Date: |  |