FALKIRK AND DISTRICT ASSOCIATION FOR MENTAL HEALTH APPLICATION FORM FOR VOLUNTEERS OF FDAMH

Name and Address

Phone Number

Email Address

Work experience (to include voluntary work)

What relevant training (if any) have you had ?

Have you had any experience with mental illness ? If yes, in what capacity ?

What are your interests hobbies or skills ?

Continued overleaf /

FDAMH APPLICATION FORM CONTINUED

Which area of the Association would you like to volunteer with ?

When are you available to volunteer ?

Where did you hear about our services ?

Since you will be working with vulnerable people, we require the names of two referees. These should be independent, not friends or relatives.

Name 1.

Designation

Address & Phone Number/s

Name 2.

Designation

Address & Phone Number/s

If you feel there is anything else you wish to say, please use this space.

Please return this form to:
Falkirk and District Association for Mental Health
Victoria Centre
173 Victoria Road
Falkirk FK2 7Au
Phone: 01324 629955
Email: admin@fdamh.org.uk
www.fdamh.co.uk

Signature

Date