



Volunteer Application Form

Personal Information:						
Firstname:			Surname:			
Address:						
Telephone No:			Email:			
Background Information:						
How did you find out about the Sanctuary Befriending Programme?						
Describe your reasons for wanting to volunteer with the Sanctuary as a befriender?						
What talents and gifts do you see yourself bringing to the befriending group?						
Have you any previous experience in the area of mental health?						
Have you any other experience of voluntary work?						
Availability:						
Day	Mon	Tues	Wed	Thurs	Fri	Sat
Morning:						
Afternoon:						
Evening:						
References:						
Please give the names of two people, not related to you, who would be willing to act as referees.						
Name:			Name:			
Email:			Email:			
Telephone No:			Telephone No:			

Signed: Date: