



Community Mental Health Services Volunteer Application Form

**Thank you for expressing an interest in volunteering in our services.
Please complete this application form as completely and accurately as possible and
forward it to: Community Mental Health Service Coordinator, Mount Carmel
Hospital, Notabile Road, Attard, ATD 9033.**

Name:	
Address:	
Postcode:	
I/D number:	
Home Telephone:	
Mobile Telephone:	
Email Address:	

**Please give brief details of volunteering / work / life experiences and any activities
you enjoy and are involved in:**

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Please give brief details of any specific experience / knowledge you have of mental distress/ illness or any experience professionally or personally that you have of supporting others:

Why are you interested in volunteering for Community Mental Health Services?

Briefly explain what you wish to gain from the volunteering experience?

What qualities would you bring to the volunteer service?

Due to the vulnerability of the users of mental health services and as a part of our recruitment and staff screening procedures we require that you provide 2 referees to support your application. We also require that each successful candidate provides a Police Conduct Certificate.

**Please give contact details of two people who can act as referees on your behalf.
(They should not be relatives and should have known you for at least one year.)**

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Home telephone:	Home telephone:
Mobile telephone:	Mobile telephone:
Email address:	Email address:
How known to you: (please tick) Previous employer Colleague Friend Neighbour Other (please state).....	How known to you: (please tick) Previous employer Colleague Friend Neighbour Other (please state).....

Signed.....Dated.....

Thank you for completing this application

For any further information or queries please contact Rayna Mateva Volunteer Coordinator at Mount Carmel Hospital on 2330 4329.