



## 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.**

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

**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.)**

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

**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.**