



A Community Mental Health Resource

VOLUNTEER APPLICATION FORM

Full Name:

Address:

Post Code:

Tel No:

Mobile No:

Email:

Reason for Application/Relevant Experience:

Special Interests or Hobbies:

Opening Hours – Please indicate preferred time(s)

Day	Day time hours – 9.30am to 3.30pm		Evening Opening
Monday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	3.00 pm – 5.00pm <input type="checkbox"/>
Tuesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
Wednesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	5.00 pm – 7.00 pm <input type="checkbox"/>
Thursday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
Friday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
Saturday	AM <input type="checkbox"/>	PM <input type="checkbox"/>	

Please supply two references

1. Name:	2. Name:
Address:	Address:
Tel:	Tel:

Signature:

Date:

Please return application form to:

Steve Wakefield
Assistant Manager
Waddington Street Centre
3 Waddington Street
Durham
DH1 4BG

Tel: 0191 386 0702

Email: swakefield@waddingtoncentre.co.uk

**Please note that all volunteers
will be subject to DBS enhanced disclosure regulations.**