

Volunteer Application – Helpline & Email Service

Contact Information

Name	
Address	
Post Code	
Phone	
E-Mail Address	

Availability

When would you be available for volunteer work? – Please tick ALL shifts for which you would be available.

	9.15 - 11.45	11.30 – 2.15	2.00 – 4.45
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Would you be available to make occasional evening calls?

YES

NO

Special Skills or Qualifications

It would be helpful if you could summarise special skills and qualifications you have acquired from any employment, previous volunteer work, or through other activities, including hobbies or sports.

OCD Action Helpline & Email Service

Why would you like to be a Helpline Volunteer?

References

Could you provide the names of two referees who would support your application to be a volunteer. One of these ideally should be a 'professional' referee i.e. a former employer, tutor, social worker or health care professional. The other referee should be someone who has known you for over 2 years (excluding family members).

Names including title (printed)	Contact address and telephone number.

Signature: Date:

It is the policy of this organisation to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability. We positively encourage people who have had experience of mental health issues (especially OCD) to volunteer with us.

Thank you for completing this application form and for your interest in volunteering with us. Please return this form to Collette Byrne, Advocacy Manager, OCD Action, Suite 506-507, Davina House, 137-149 Goswell Road, London EC1V 7ET.