**Out of Hours Crisis Café: Volunteer application form**

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| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Availability  *Opening hours: weekdays 18:00-22:00 and weekends 14:00-18:00* |  |
| DBS  *Are you able to provide DBS certificate? (Yes/No)* |  |
| Training  *Please state any relevant training (mental health first aid, suicide prevention, safeguarding)* |  |
| Accessibility  *Please state any disabilities or health issues?* |  |
| References  *Please provide two referees’ contact information* | Name:  Company and address:  Email:  Telephone:  Relationship to you: |
| Name:  Company and address:  Email:  Telephone:  Relationship to you: |
| Next of kin  *Who can we contact in case of emergency?* | Name:  Telephone:  Mobile:  Relationship to you: |

**Please complete and return to** [**crisis.cafe@islintonmind.org.uk**](mailto:crisis.cafe@islintonmind.org.uk)