**Volunteering**

**with Brecon and District Mind**

Brecon and District Mind can now offer a range of volunteer opportunities for anyone looking to give back to their community, work as part of a team and develop new skills. We have roles suitable for all time commitments; from ad hoc fundraising to regular weekly activity sessions; with plenty in between. If you feel you could help us to help others please return the attached application form and we can arrange meeting for an informal chat.

**Welcome and Wellbeing Centre Volunteer**

A Welcome Volunteer would be the first face that people looking for support or information see at our Wellbeing Centre. This “Meet & Greet” position requires a friendly ear and an understanding personality as it’s often difficult for people to make that first request for help. The ability to make a good welcoming cuppa goes a long way.

Volunteers can gain experience in social care and mental health often helping out at our weekday drop-in service. Being a Wellbeing Centre Volunteer is a wonderful way to give back to your community and help local people who are struggling. Volunteers may also assist staff in running groups and activities, help with the smooth running of our Wellbeing Centre in Brecon, such as helping with organisation of materials during quiet periods and promoting Brecon and District Mind’s work.

**Events & Fundraising Volunteers**

We are looking for volunteers to help us run awareness and fundraising events. This could range from planning and organsing events to street collecting and running information stands.

**Volunteer Driver**

We have recently acquired our first Community Vehicle and are looking for volunteer drivers. This could involve taking a group on an outing perhaps to a local garden centre or driving service users to weekly activity groups.

**Activity Volunteers**

We offer a range of activities that volunteers could help with, such as art and craft groups, eco-therapy activities, Mums groups, Mens groups and support groups. Sessions run on a regular basis so ideally we would like people who could commit to a set session each week/ each two weeks.

**Peer Navigators**

As a Peer Navigator, you'll support people with mild to moderate mental health problems, such as anxiety or depression, to access the services and activities that their Link Worker from the Social Prescribing Service has referred them to. Peer Navigators would generally have a background in mental health or have gained experience volunteering as a Wellbeing Centre Volunteer.

All Volunteers are given supervision and face-to-face and online training and are responsible to the the Volunteer Coordinator.



Volunteer Application

**Mandatory field \***

**Personal Contact Details**

Name \* ..........................................................................................

Address:

Post Code:

Tel No: ……………………………………… Mob. No: ………..................................................

Email: ……………................................................. Date of Birth \* / / /

Are you living in the Powys area \* Yes / No

Do you speak Welsh or any other languages? ………………………………………………………

**Emergency Contact Details \*** (name/tel.no.) ............................................................................

**Background Information**

Relevant information e.g. previous experience, qualifications, interests *(please use a separate sheet if required)*

Please circle the approximate number of hours you could offer as a volunteer:

2-4 per week 4-8 per week 8- 16 per week

Other: (please specify)

Please circle which days of the week you would be available:

Monday Tuesday Wednesday Thursday Friday Sunday

**Applying to become:**

|  |  |
| --- | --- |
| **Volunteer Role** | **Yes/ No** |
| Welcome and Wellbeing Centre Volunteer \*\* |  |
| Event / Fundraising Volunteer |  |
| Volunteer Driver \*\* |  |
| Activity Volunteer \*\* |  |
| Peer Navigator \*\* |  |

**\*\*A DBS application is required for this role. A criminal conviction will not necessarily prevent you from becoming a volunteer; the decision will depend on the type of offence and its relevance to the role. Please contact us if you would like to discuss any convictions you may have.**

Would you like to be added to our email circulation list? YES / NO

***Declaration \****

*I give my consent for the information recorded on this referral form to be shared with Brecon and District Mind staff and I understand that all personal information above will be kept confidential in*

*accordance with General Data Protection Regulations. Information will only be shared on a need to know basis with other agencies involved in your support as agreed with you.*

**Signature………………………………… Date……………………………**

**Photography/Filming Consent**

I confirm that Brecon and District Mind are permitted to reproduce photographs/video footage, audio recordings and sound featuring my image or voice in any promotional publications. This agreement applies to both printed, film/video, audio recordings and electronic media including the World Wide Web. The image(s) may be retained by and will only be accessed by authorised persons of Brecon and District Mind or its agents and may be used in the future in publications and marketing materials. The image(s) will only be retained for the stated purpose. The image(s) are processed in accordance with the provisions of GDPR.

**Signature ……………………………… Date ……………………………**

**Please give two Referees that we can contact for character references, including email addresses where possible.**

**Referee 1 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referee 2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact info Contact info**

DBS Obtained

DBS Filed

**Brecon and District Mind, Tŷ Croeso, 48 Free Street, Brecon LD3 7BN**

**Tel: 01874 611529**

**Email:** **info@breconmind.org.uk**

**Website:** [**www.breconmind.org.uk**](http://www.breconmind.org.uk)

 [**https://www.facebook.com/breconmind/**](https://www.facebook.com/breconmind/)

|  |  |
| --- | --- |
| **FOR STAFF USE ONLY:**  |  |

**Data entered onto Lamplight**  ID …………………………. Date …………………………………

Risk assessment required: Yes /No

Risk assessment completed & attached: Yes /No