



## **IMHP (Improving Mental Health Provision CIC) Volunteer Form**

IMHP value both personal and professional experience around mental health and greatly appreciate the efforts of the individuals who make our activities possible. All roles within the organisation are important to the work we are carrying out and volunteers are much appreciated members of our team. We will provide in-house training as appropriate as well as arranging for volunteers to attend courses delivered by recognised bodies when possible and desired by the volunteer. IMHP will always be more than happy to accommodate individual needs and interests. Our volunteers will benefit from guidance regarding best practice and personal development and we will be delighted to provide references for any positions they apply for elsewhere. We understand that volunteers have other responsibilities and personal circumstances, with this in mind there will always be flexibility and IMHP will offer ongoing support. Our volunteers will be covered by IMHP's professional indemnity.

Information contained in this form will be kept in accordance with the Data Protection Act 1998, treated confidentially, and will not be shared with any other individuals or organisations.

**Reason for application to become a volunteer** (in regard to mental health this could be personal or professional experience, association with another organisation or service, etc.)

**Are there any particular activities that you are interested in being involved in or specific skills that you would like to bring to IMHP? If so please note.**

**Do you have any issues either medical or in regard to mental health and/or particular requirements that we need to be aware of to ensure that you are fully supported?**

Name

Address

Telephone

Email

I agree to adhere to IMHP's professional guidelines

-----  
Signature

-----  
Printed name

-----  
Date