



Our vision: A society in which people with a mental illness are valued and treated as equals

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## Volunteer Application Form

Service for which you are volunteering: \_\_\_\_\_

Supervisor/Coordinator's name \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you willing to undertake training? \_\_\_\_\_

Are you prepared to commit to the Fellowship for twelve months? \_\_\_\_\_

How much time are you able to commit to (eg per week, per month) \_\_\_\_\_

Do you have any previous volunteering experience?

Why are you interested in volunteering for the Schizophrenia Fellowship?

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Do you have any knowledge of or experience with schizophrenia or other mental illnesses? If yes, please elaborate.

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How did you find out about volunteering with the Fellowship?

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References: Please provide 2 personal/professional referees, indicating whether they are personal or professional referees and the name of the organization.

Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_