



Perth Association for Mental Health Application to Volunteer

Name: _____ Date of Birth _____

Address: _____

Tel: _____ Email: _____

Useful experience (skills, education, training):

Your reason for wanting to volunteer with us:

What type of voluntary work would you like to do?

What times are you available to volunteer?

Please add anything here that you would like us to know about you:

Please detail any needs you have that we would need to take account of in supporting your volunteering with us:

Please provide the names and addresses of two referees

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Signature: Date

Please return to; Alastair Jamieson, PAMH, Caladh Centre, 6 Milne Street, Perth, PH1 5QL
Or by email to alastair.jamieson@pamh.co.uk