Full name:

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Address:

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Phone Number:

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Email:

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**Reason you wish to get involved**

Please tell us why you want to volunteer with the Mental Health Motorbike:

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Please list the skills you would bring to the MHM:

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Please list any qualifications you have relevant to your role as volunteer:

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Do you have any criminal convictions and ongoing investigations with the Police?

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Do you have any questions for the team?

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Suggestions if any for further improvement to the MHM organisation:

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Reference 1:

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Reference 2:

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