Volunteer Application Form

Any information given on this form is confidential and covered by the Data Protection Act 1998



Name:	Preferred Title Mr / Mrs / Miss / Ms		
Address:			
	Pos	t Code:	
Mobile:	Landline:		
E-Mail:			
Are you in recovery from Substance Misuse?		YES	NO
If yes, how long have you been abstinent from substances?			

Your skills and interests (Please tick) Departments which may interest you (Ple	
Admin /Clerical	Admin/Clerical
Addiction	Assessments
Catering	Groups
Computer Skills	Meet & Greet
Counselling	Aftercare
Customer Service	Re-Engagement
DIY/Gardening	Families
Driving	Reception
Employment & Education Service	Telephones
Health & Exercise	Other – please specify
Holistic Therapies	
Housing & Benefits Advice	
Listening/Befriending/Advocacy	
Media	
Nursing	
Other – please specify	

Experience as a Volunteer		
Experience as a volunteer		
Morte Francisco		
Work Experience		
Courses or Training (if relevant)		
Hobbies and Interests		
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Who would you like to be a valuate as with a w Comice?		
Why would you like to be a volunteer with our Service?		
Do you have any Criminal Convictions (other than minor d	riving offences)? Yes / No	
Do you have any Criminal Convictions fother than minor u	riving offences): fes / No	
If yes, please state date and nature of conviction		
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Approximately how much time would you like to give each	1 Week?	
Please indicate particular days or times		
ricase maicate particular days of times		
Please give two independent referees who would be willing	ng to supply a character reference (these must <u>not</u> be	
family members)		
Name:	Name:	
Name.	Name.	
Address:	Address:	
Tel no:	Tel no:	
Email:	Email:	
Lilian.	Liliali.	

Thank you for your interest. Please note that we do normally need two satisfactory references and a DBS check before you can start as a volunteer.

Emergency Contact

In the event of an Emergency please complete the following information

Contact Name	
Relationship to you	
(Please indicate if person	
is next of kin)	
Tel no	
opportunities will involve	ders — Many of Stoke-on-Trent Community Drug and Alcohol Service's volunteering direct contact with potentially vulnerable people. As such, applications to volunteer are ation of Offenders Act 1974.
•	I volunteers are required to declare their entire criminal record, including cautions, and criminal convictions categorised as 'spent' under the above legislation.
Please complete and sign t	his section. The information provided will be kept confidential.
•	o specific Stoke-on-Trent Community Drug and Alcohol Service staff if/when they are ific volunteering opportunities (where you may come into contact with potentially
Have you ever been convid	cted at a Court or Cautioned by the Police for any offence?
Yes/No (Delete as appropr	iate).
If yes, please give details, in	ncluding date(s) and nature of offence(s).
Any information given on the declare the above information	this form is confidential and covered by the Data Protection Act 1998 ation is correct
Full Name:	
Signature:	

If you require further information please contact us on 01782 283 113

Please return this form to:

Second Floor, Wood House
Etruria Road
Hanley
Stoke-on-Trent
Staffordshire
ST1 5NQ

Or e-mail it to: Jayne.Hughes@bacandoconnor.co.uk