



inspiring individual recovery nationwide

## VOLUNTEER APPLICATION FORM

Thank you for expressing an interest in volunteering with Recovery Focus. We provide a wide range of mental health, substance misuse, and other complex needs support services. Please complete this form as fully as you can and return as requested on the final page. All the information provided within this application and in any further DBS check will be treated as confidential and will not be passed to anyone outside of the organisation without the applicant's permission.

### Section 1 - Personal Information:

First Name:	Surname:
Title: Mr / Mrs / Miss / Ms / Dr / Other	Gender: Male / Female / Prefer not to say
Home Address:	
Mobile Telephone No:	Home Telephone No:
Email Address:	
Date of Birth:	Emergency Contact:
Current Occupation (if applicable):	

### Section 2 – Areas of Interest

Please mark with X against any of the following areas that you are interested in, have skills in or would like to help others with:

Animals/Pets	Arts/Crafts	Befriending	Book Keeping/Finance
Cooking/Catering	Computers	Databases	Driving/Transport
Environment Projects	Exercise/Sports/Fitness	Film/Cinema/Theatre	Gambling
Gardening	History	Health	Home Help
IT/ Internet	Languages	Listening	Making phone calls
Meeting people	Mentoring/Teaching	Music	Office Admin
Painting/Decorating/ Repairs	Photography	Reading	Relaxation
Substance Misuse	Travel	Walking	Writing
Other Interests:			

### **Section 3 – Availability**

How many volunteering hours per week would you be able to fulfil? .....

Please X the boxes to show your availability at present:

Mon		Tues		Weds		Thurs		Fri		Sat		Sun	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

If you have complete flexibility please X this box

### **Section 4 – Experience & Personal Qualities**

*Please tell us why you are interested in becoming a volunteer with us:*

*Please give details about any relevant hobbies or interests:*

*Please give brief details of any previous paid or unpaid work experience relevant to any particular support services offered?*

*What do you see as your main qualities and strengths for volunteering with us?*

*Have you completed any relevant training which would support your application? If so, please give brief details:*

*What further training would be helpful for you and do you have any additional support needs that we should be aware of:*

*Please provide any further helpful personal information you are happy to share at this time:*

## **Section 5 – Disclosure of Criminal Convictions**

*You will appreciate that we are responsible for the provision of services to vulnerable people and therefore must be particularly careful to enquire into the character and background of Volunteers. By virtue of the rehabilitation of offenders act 1974 (Exceptions) Order 1975, this work is exempt from the provision of the said Act. You are therefore obliged to give details below, of any previous convictions and cautions:*

## **Section 6 – Character References**

Written references are required for all volunteer applicants, so please supply the names and contact details of two individuals who know you well but who are **not in your family**, and who you are happy for us to contact:

<b>Detail</b>	<b>Reference 1</b>
Name:	
Relationship to applicant:	
Position or Title:	
Telephone Number:	
Email:	
Address:	
<b>Detail</b>	<b>Reference 2</b>
Name:	
Relationship to applicant:	
Position or Title:	
Telephone Number:	
Email:	
Address:	

## **Section 7 – Declaration Agreement**

I confirm that, to the best of my knowledge, the information I have given in this application is correct.

Signed by applicant:	Date:
Signed by staff member:	Date:

### **For Official Use Only:**

Date application received: \_\_\_/\_\_\_/\_\_\_ Date individual contacted: \_\_\_/\_\_\_/\_\_\_  
Date of assessment meeting: \_\_\_/\_\_\_/\_\_\_ Date assessment meeting completed: \_\_\_/\_\_\_/\_\_\_

Approved / Not Approved / Query

## Section 8: Equal Opportunities Monitoring

This section of the form will be detached from your application and used for monitoring purposes only. This section will not be seen by the panel.

We recognise and actively promote the benefits of diversity and are committed to treating everyone with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We therefore welcome applications from all sections of the community.

Location:	
Ref no. (if known):	

### Age Group

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 20	20 – 29	30 – 39	40 - 49	50 - 59	Over 59

### Ethnicity

<b>White:</b>	<input type="checkbox"/> British	
	<input type="checkbox"/> Irish	
	<input type="checkbox"/> White Other	Please specify: <input type="text"/>
<b>Black or Black British:</b>	<input type="checkbox"/> Caribbean	
	<input type="checkbox"/> African	
	<input type="checkbox"/> Black Other	Please specify: <input type="text"/>
<b>Asian or Asian British:</b>	<input type="checkbox"/> Indian	
	<input type="checkbox"/> Pakistani	
	<input type="checkbox"/> Bangladeshi	
	<input type="checkbox"/> Asian Other	Please specify: <input type="text"/>
<b>Chinese or Other Ethnic Group:</b>	<input type="checkbox"/> Chinese	
	<input type="checkbox"/> Other ethnic Group	Please specify: <input type="text"/>
	<input type="checkbox"/> Mixed	Please specify: <input type="text"/>

### Gender:

Male  Female

**Do you consider yourself to have a disability?** The disability Discrimination Act defines disability as 'A physical or mental impairment which has a substantial and long-term effect on the person's ability to carry out normal day-to-day activities'.

Yes  No

If Yes, please state the nature of disability:

### How did you become aware of this volunteering opportunity:

### If you wish you may disclose information about yourself in this section about your:

Religion:	<input type="text"/>
Sexual Orientation:	<input type="text"/>

**Please return this completed Application Form (with CV if available) to:**