## **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: N/r / N/re / N/ice / N/e / Dr / Other	Canday Mala / Famala / Drofer not to any			
Title: Mr / Mrs / Miss / Ms / Dr / Other	Gender: Male / Female / Prefer not to say			
Home Address:				
Mobile Telephone No:	Home Telephone No:			
<b>'</b>	'			
Email Address:				
Date of Birth:	Emergency Contact:			
	3 ,			
Current Occupation (if applicable):				
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## 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: Weds Sat Sun Mon Tues Thurs Fri PM PM AM AM РМ AM РМ AM РМ AM PM AM AM РМ 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:			
give blief details.			
What further training would be helpful for you and do you have any additional support needs that			
we should be aware of:			
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We should be aware of:  Please provide any further helpful personal information you are happy to share at this time:			

<u>Section</u>	Section 5 – Disclosure of Criminal Convictions					
therefore By virtue from the	e must be particularly careful e of the rehabilitation of offen	I to enquire into the characte aders act 1974 (Exceptions)	ervices to vulnerable people and er and background of Volunteers. Order 1975, this work is exempt give details below, of any previous			
Section	n 6 – Character Referer	nces				
contact of	references are required for a details of two individuals who by for us to contact:		ease supply the names and not in your family, and who you			
	Detail	Detail Reference 1				
	Name:					
	Relationship to applicant:					
	Position or Title:					
	Telephone Number:					
	Email:					
	Address:					
	Detail	Referei	nce 2			
	Name:					
	Relationship to applicant:					
	Position or Title:					
	Telephone Number:					
	Email:					
	Address:					
Section	n 7 – Declaration Agree	<u>ement</u>				
I confirm correct.	that, to the best of my know	rledge, the information I hav	e given in this application is			
Signed by applicant:		Date:				
Signed by staff member:		Date:				
For Office	cial Use Only:					
Date application received:// Date individual contacted://						
	ssessment meeting://_					
Approve	d / Not Approved / Query					

Please return this completed application form (with cv if available) to: