



CONFIDENTIAL HELP AND SUPPORT FOR FAMILIES AND CARERS OF DRUG AND ALCOHOL USERS

APPLICATION FORM FOR VOLUNTEERING OPPORTUNITIES

Surname						
First Names						
Address						
Home Telephone			Mobile Telephone			
Email Address				Ethnicity		
Date of Birth				Sexuality		
Do you own your own transport?	YES	NO	Do you possess a current clean valid driving licence?		YES	NO

Disability Discrimination Act 1995

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.		
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other	

Availability

Please tick availability boxes of times/days that you are most regularly available. If you are interested in becoming a volunteer are you able to commit to at least 4 hours per week?
Yes/No

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>	Am <input type="checkbox"/>	Pm <input type="checkbox"/>

What areas of volunteering are you most interested in? Please tick

Working with clients Administration Complementary Therapist Fundraising
 Prison Work Charity Shop

What skills/qualities could you bring to Hetty's?

Relevant qualifications/courses which you feel may be relevant to this role.			
Subject/Qualification	Place of Study	Grade/result	Year

Rehabilitation of Offenders Act

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'.
 During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

We aim to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. We aim to undertake not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared. Please answer the following question:

Have you any unspent criminal convictions or bindovers, or any cautions, warnings or reprimands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	

All those applying to work directly with clients will be asked to apply for a CRB (Criminal Records Bureau) check

DECLARATION

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal.

Signature		Date	
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References

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been employed, these should be your two most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable. All referees will be approached prior to commencing volunteering duties.

Referee 1

Surname/Family name		First Name	
Job Title			
Address			
Telephone		Fax	
Email			
Relationship		Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

Surname/Family name		First Name	
Job Title			
Address			
Telephone		Fax	
Email			
Relationship		Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE RETURN COMPLETED FORM TO:

**Hetty's
Marlborough House
23 Woodhouse Road
Mansfield
NG18 2AF
Or e-mail to info@hettys.org.uk**