



## VOLUNTEER APPLICATION FORM

Please print or type in black as this form may be photocopied

<b>1. DETAILS OF POSITION TO VOLUNTEER FOR</b>  Post volunteering for: .....  Location: .....	<b>Return to:</b>  The Human Resources Department Action on Addiction East Knoyle Salisbury Wiltshire SP3 6BE
<b>2. PERSONAL DETAILS</b> (in block capitals please)  Last Name: ..... Mr/Mrs/Miss/Ms*      First Name(s): .....  Address: .....      Telephone No. Home: ..... .....      Work: ..... ..... Do you hold a current full driving license?: YES / NO* Post Code .....      Do you have regular use of a car?: YES / NO* National Insurance No: .....      E-mail address: .....	
<b>3. BENEFITS</b>  Are you in receipt of benefits: YES / NO*      If yes, please specify  <b>PLEASE NOTE: May we advise that if you are in receipt of any benefits, it is your responsibility to inform the Benefits Agency of your intention to undertake volunteering. They will then be able to advise you further.</b>	
<b>4. How did you hear about volunteering at Action on Addiction?</b>  Advertisement <input type="checkbox"/> Referred by another volunteer <input type="checkbox"/> Volunteer Bureau <input type="checkbox"/> From client at AonA <input type="checkbox"/>	

**5. Please any qualifications you have which may be relevant to your application**

Qualification	Date	Any further relevant information

**6. PLEASE DETAIL ANY PREVIOUS VOLUNTEER EXPERIENCE - Please continue on a separate sheet if necessary**

**7. PLEASE DETAILS HOURS AND DAYS OF YOUR AVAILABILITY:**

**8. WORK EXPERIENCE – Please detail relevant positions you have held, whether paid or unpaid.**

**9. SUPPORTING STATEMENT** – It would be helpful if you could provide a statement giving any further reasons for your application, with particular reference for your wish to work with this client group and any previous experience of working in a similar environment and/or of volunteering.

**9. REFERENCES**

Name(s) and addresses of two referees, including telephone numbers if possible, who can be expected to provide relevant comment on your ability to carry out the role applied for. At least one should be your present employer (school or college, if a student) or your most recent employer. References will be taken up prior to a successful offer being made, if most suitable for the role.

<p>1.</p>          <p>Telephone No.</p> <p>If you do not wish this reference to be contacted for any reason then please tick box. <input type="checkbox"/></p>	<p>2.</p>          <p>Telephone No.</p> <p>If you do not wish this reference to be contacted for any reason then please tick box. <input type="checkbox"/></p>
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<p>Please state capacity in which referee knows you.</p>	<p>1.</p>	<p>2.</p>	
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If either referee has known you by a different name, please state that name:

**10. REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS ORDER 1975)**

(To be used by all applicants)  
 Because of the nature of the work for which you have applied involved direct or indirect contact with vulnerable adults who are receiving treatment, we are obliged to ask you, in connection with this application, to disclose:

- **Any custodial or non-custodial conviction.**
- **Any investigation or charges made against you, whether as an adult or juvenile.**
- **Any criminal record held against you, including cautions.**

Under the conditions of the above Order, you are not entitled to withhold any information which otherwise might be considered "spent". In the event of employment, failure to disclose such information could result in dismissal or disciplinary action. Any information given will be treated as strictly confidential and will only be used in relation to an application for positions to which the Exemption Order applies.

A disclosure check may be requested in the event of a successful application (please refer to the job description for further details of applicability).

Do you have anything to declare?: YES  NO

If yes, please list details e.g. date, type of offence/sentence/fine imposed/caution, etc. (If necessary please continue on separate sheet(s). Please state the number of sheets attached.

**11. DECLARATION**

To the best of my belief, the information I have given on this form is true and accurate. I understand that failure to supply full and accurate information may lead to my application being disregarded or prejudice my continued position as a volunteer with Action on Addiction if I am selected,

**Signed:** ..... **Date:** .....