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| **Volunteer Registration Form** |
| Please circle: Mr Mrs Miss Ms Other ……….....................  Name: …....…………………………………………………………………….  Which of the following best describes your situation?   * Paid Full Time employment Full Time Parent * Paid Part Time employment Incapacity/DLA * Further Education/Training Self Employed * Student Unwaged * Retired On a working holiday * Job Seekers allowance Asylum Seeker * Carer Income support   Home Tel: ………………................Mobile:…………………................  Work (if applicable):…………………………E-mail................................................................  Address ……………………………………………………………….....  …………………………………………………………………………….  Postcode…………………………  Previous Address................................................................................  ............................................................................................................  Postcode......................................  Emergency Contact:...…………………......................... Phone:..……………........................ |
| **What volunteer roles are you interested in? (Please tick)**  img-thing  Specific (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  img-thing  General \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you have a clean current driving license?**   * Yes * No   **Do you have your own car?**   * Yes * No   **Do you have a First Aid Certificate?**   * Yes * No   **What do you hope to gain from volunteering with us?**  🞎Meet new people  🞎Gain new skills  🞎Use/develop my existing skills  🞎Get accreditation/a qualification  🞎Feel I was making a contribution to the community  🞎Other (please describe)  ……………………………………………………………………………………………….  ……………………………………………………………………………………………….  ……………………………………………………………………………………………….  Please tell us about any work, volunteering, personal experience or skills that you have  that are relevant to volunteering with Alcohol and Drugs Action.  As there are various volunteering opportunities with us, are there any skills or preferences that you have which you would like to be taken into account?  (Example: good telephone skills or preference to work over the phone, preference to be providing refreshments, administration rather then 1:1 support) |
| **Availability**  How much time can you give to your volunteering role?  Flexible  Specific days/times  (**please state when**)  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………… |
| **References - Please supply details of one person who knows you well enough to comment about your suitability for this role. This should not be a family member. If you are not sure about who to put we are happy to discuss this with you. The referee will be contacted prior to your interview.**  **Referee**  **Name: ……………………………………………..**  **Address:…………………………………………………………………………………………… ………………………………………..**  **Email:……………………………………………….**  **Phone: ………………**  **How does this person know you?.....................................................................** |
| **Do you have any particular needs that we should be aware of so as to best support your volunteering with us?**  **In order to become a volunteer with us you are required to successfully complete our volunteer training programme. Please state your availability for attending the training programme. (Please tick)**   * **Weekends** * **Weekday evenings** * **During the day** * **Other (Please state) ………………………………………………………………………** |
| **How did you hear about us?**  **Volunteer Centre…. Website… Another organisation… Leaflets….**  **A friend/family member…**  **Other…………………………………..** |
| **Declaration**  **I confirm the information provided is, to the best of my knowledge, correct and I consent to this information being held on the Alcohol and Drugs Action database. I understand that only appropriate information will be shared with others, in accordance with the Data Protection Act (1998)**  **Signed Date** |
| **Please return this form to: Volunteer Co-ordinator, Alcohol and Drugs Action, 7 Hadden St, Aberdeen or email to volunteering@alcoholanddrugsaction.co.uk.**  **Any queries please call 01224 577120**  **We will be in touch as soon as we receive your form**  **Thank you for your interest in Volunteering with Alcohol and Drugs Action.** |