

VOLUNTEER APPLICATION FORM

PLEASE USE CAPITAL LETTERS WHEN COMPLETING APPLICATION FORM

Surname		Initial (s)		D.O.B	
Address (Including Postcode)					
Telephone Numbers	Home:	Work:	Mobile:		
Email					
Emergency Contact details	Name:	Relationship:			
	Address:				
	Phone number:				

How would you describe your current employment status?

- Employed
- Unemployed
- Self-employed
- Retired
- At home
- Invalidity
- Education / Training
- Other

Please describe briefly your work experience (including voluntary work)

Please describe briefly your hobbies and interests

Please describe briefly why you are interested in becoming a volunteer with FIRST

If you have had an alcohol or drug related problem yourself, how long is it since it was resolved?

Please detail below your availability as a volunteer

Mornings

Afternoons

Evenings

How did you find out about FIRST?

Word of Mouth

Newspaper

Leaflet / Poster

Other

Please give names of two referees whom we can contact (must NOT be a relative / spouse / partner)

Name: _____

Position: _____

Address: _____

Postcode: _____

Telephone Number: _____

Name: _____

Position: _____

Address: _____

Postcode: _____

Telephone Number: _____

Declaration
To the best of my knowledge, the information provided on this form is correct.

Signed: _____ Date of Application: _____

Criminal Convictions – Declaration Form

Surname		Other Name(s)	
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You have been selected for an interview and under the terms of The Rehabilitation of Offenders Act 1974, you are required to disclose criminal convictions which are spent (past) and unspent (current). Please give details regarding these in **Section 1** below.

If you have **no** convictions, please go straight to **Section 2** and sign form accordingly.

Section 1 – Convictions (Past and Current)

- a) When did the offence(s) take place? What were you charged with? What sentence did you receive?

- b) What were your circumstances at that time? i.e. family, financial, etc.

- c) What have you learned from the experience?

- d) What is your personal situation and future expectations?

Section 2 – Declaration

I, _____ (name) declare that I have no convictions.

Section 3 – Certification

I certify that all the information contained in this form is true and correct to the best of my knowledge and realise that false information or omissions may lead to dismissal from FIRST.

Signature: _____ Date: _____

Note: The information given in this form will be treated in the strictest confidence. Please place this form, once completed, in the sealed envelope marked "Private & Confidential" and return it along with application form / equal opportunities form in the addressed envelope provided (stamp required).

Should you be unsuccessful in your application – this form will be returned to you in its original envelope intact.

Fife Intensive Rehabilitation & Substance Misuse Team

DIVERSITY MONITORING FORM

FIRST wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010. Building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organization needs your help and co-operation to enable it to do this but filling in this form is voluntary.

Please return the completed form in the envelope marked 'Strictly Confidential' to **Kelly Bolton, Service Administrator**.

Gender Man Woman Intersex Non-binary Prefer not to say
 If you prefer to use your own term, please specify here: _____

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59
 60-64 65+ Prefer not to say

What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

White

English Welsh Scottish Northern Irish Irish British Gypsy or Irish Traveler
 Prefer not to say

Mixed/Multiple Ethnic Groups

White and Black Caribbean White and Black African White and Asian Prefer not to say
 Any other mixed background. Please state: _____

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say
 Any other Asian background. Please state: _____

Black/African/Caribbean/Black British

African Caribbean Prefer not to say
 Any other Black/African/Caribbean background. Please state: _____

Other ethnic group

Arab Prefer not to say
 Any other ethnic group. Please state: _____

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work?
Please write here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable judgement', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual Prefer not to say

If you use your own term, please specify here: _____

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish Muslim Sikh

Prefer not to say If other religion or belief, please write here _____

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours Annualised hours Job-share

Flexible shifts Compressed hours Homeworking Prefer not to say Other _____

Do you have any caring responsibilities?

None Primary carer of a child/children (under 18) Primary carer of disabled child/children

Primary carer of disabled adult (over 18) Primary carer of older person

Secondary carer (another person carries out the main caring role) Prefer not to say
