

ADS

Addiction Dependency Solutions

APPLICATION FOR VOLUNTEERS

Preferred place of work: _____

Application to be returned by: _____

NOTE ON COMPLETION OF APPLICATION FORM:

Please return with any enclosures to the relevant Volunteer Lead at the centre you wish to volunteer with. If you are not sure of these details, you can contact our Head Office on 0161 831 2400.

ADS (Addiction Dependency Solutions)

134-141 Oldham Street, Manchester M4 1LN

Surname: _____

Other Names: _____

Your Address: _____

Email: _____

TELEPHONE NUMBERS:

Home: _____

Work: _____

Mobile: _____

ADS is the leading charity specialising
in alcohol and drug services.

QUALIFICATIONS / EDUCATION / TRAINING

Please summarise below any Qualifications, Education and any Training Courses that you have attended which are relevant to the post for which you are applying.

There are no requirements to have any qualifications to become a volunteer.

Qualifications / Education / Training	Dates From	To	Level

WORK HISTORY

Please give details of any past and present work. This can be paid, voluntary work or work at home.

Start with the most recent.

There is no requirement to have any previous work experience to undertake the role of a volunteer with ADS.

Work History Name of Employer (List Paid of Voluntary & Position Held)	From	To	Salary and Hours Worked	Reason for Leaving

ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

Please have regard to the Person Specification. (Include a reinforcing statement as to why you are applying for this particular job)

Please continue on a separate sheet if necessary. No more than one additional sheet of A4 please.

CANDIDATE'S DECLARATIONS

DECLARATION OF INTERESTS

Are you related to a member of ADS's staff or a Board Member? YES NO

HEALTH

To the best of my knowledge, there is no reason in respect of my physical or mental health why I should not be able to carry out fully, the tasks described for this post. If you have ever had any personal history of alcohol or drug misuse, please indicate your last time in treatment.

Please provide details of all long term sickness absence in last 2 years (e.g. absence greater than 4 weeks)

ADS are committed to the employment of people with disabilities.

Please indicate if you have a disability: YES NO

If yes, do you require any adjustments to the selection process? YES NO

If yes, please provide details: _____

CRIMINAL CONVICTIONS

You will appreciate that ADS, being responsible for the provision of services to people with drink and drug problems and their families and children, must be particularly careful to enquire into the character and background of applicants for appointments to posts which involve working with these vulnerable groups. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, this post is exempt from the provision of the said Act. You are, therefore, obliged to give details of any previous or current convictions, including cautions, reprimands or final warnings. A criminal record/conviction will not automatically exclude you from gaining employment within ADS.

Have you ever been convicted of a criminal offence? YES NO

If yes, please complete the attached 'Statement of Convictions Form' and return it with this application in a sealed envelope marked 'private and confidential'.

This position will be subject to a Criminal Records Bureau check.

Do you agree to a CRB enhanced disclosure if appointed to this post? YES NO

I apply for voluntary employment with ADS. I confirm that the information I have given on this form is correct and complete and understand that misleading statements may be sufficient ground for termination of any offer.

Signed _____ Date _____

REFERENCES

Please give the names and addresses of two people to who reference can be sought. This should not be a family member.

Please state whether employed or on a voluntary basis.

PLEASE NOTE: Referees will only be contacted if you are selected for a volunteering opportunity.

Present or Last Employer	Other Referee
Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____ _____	Address: _____ _____
Postcode: _____	Postcode: _____
Telephone Number: _____	Telephone Number: _____
Voluntary or Employed: _____	Voluntary or Employed: _____

Do you have a current driving licence? _____

YES NO

Please indicate where you saw this post advertised _____

Would you require a UK work permit to take up the appointment?

YES NO

You will be required to produce a national insurance (N.I.) number or acceptable alternative document, confirming your entitlement to work in the UK.

STATEMENT

We wholeheartedly support the principle of equality and diversity in both employment and in service delivery and will not engage in any form of unlawful or unfair discrimination. We believe that it is in our own best interest, and those of all who work within the organisation, to ensure that the talents and skills available throughout the community are considered. To this end, we are committed to achieving and maintaining a workforce which broadly reflects the local community in which we operate.

Every possible step will be taken to ensure that individuals are treated equally and fairly and that decisions on recruitment, selection and training are based solely on objective criteria. As one of the leading providers of services for people with substance misuse issues in the North West, we recognise the need to ensure that our services are accessible to everyone.

We are aware of the diverse needs of individuals within our community and endeavour to meet those needs in a way that is consistent, responsive, effective, objective and fair. A commitment to equality and diversity must be shared by everyone concerned with ADS in order for it to be effective. It is our intention therefore to promote the principles of equality and diversity in all aspects of our performance.

EQUAL OPPORTUNITIES MONITORING SELF-CLASSIFICATION FORM

All information given in this document will be treated in strict confidence by the HR Department. It will not form part of the selection process, this form will be separated from your application as soon as it is received. ADS aims to be an equal opportunities employer, to help us achieve this we would be grateful if you could answer the following questions.

Position Applied for: _____

Project: _____

1. **Sex** Female Male
2. **Age** Under 18 18-29 30-50 Over 50
3. **Marital Status** Married Single Divorced Widowed Other

4. **Please indicate your ethnic origin:**

- | White | Black or Black British | Mixed |
|---|---|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Irish | <input type="checkbox"/> African | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Any other black background | <input type="checkbox"/> White & Asian |
| | | <input type="checkbox"/> Any other mixed background |
-
- | Asian or Asian British | Other Ethnic Groups |
|---|--|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other Ethnic groups |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Any other Asian background | |
- Please state: _____

5. **Do you consider yourself to have a disability?** YES NO

6. **Which of the following descriptions best describes your disability?**

- Visual (NOT corrected by wearing glasses or contact lenses)
- Co-ordination, dexterity or mobility
- Mental Health
- Speech
- Learning difficulties
- Hearing
- Combination of the above or other physical or mental conditions

Please specify: _____