



National Training Awards  
North West Winner 2011



## Cadas Recovery Project Volunteer Training Application Form Kendal 2016

Name

Address  
inc  
Postcode

Tel No/  
Mobile

Email

1. Which volunteer role are you interested in? (please tick)

RECOVERY SUPPORT ROLE

CENTRE SUPPORT ROLE

COMMUNITY TRAINING & EVENTS ROLE

FUNDRAISING ROLE

2. Please explain the reasons you wish to volunteer on the project

3. What skills do you have to enable you to do this role?

**4. Voluntary Work:**

Please give details of any volunteer work undertaken.

**5. If selected please state the days/evenings and times that you are available to volunteer on the project?**

**6. Experience in the drug and alcohol/recovery field:**

Include any professional or personal experiences you, or your family and friends have had. Please also include any personal problems you have had with alcohol/drugs (this will not necessarily prejudice your application).

**7. If applicable, how long have you been free from any dependence or problematic substance use (including prescribed drugs)?**

**8. Education and Training:**

**Please give details of courses taken, full or part time and any qualifications gained.**

**9. Employment Details:**

**Please give a brief description of your current employment and/or unemployment situation.**

**10. Any other information:**  
**Interests, hobbies, specialised knowledge etc.**

**Criminal Offences:**

Do you have any criminal convictions?

Yes  No

If your answer is yes, please give details of convictions and seal in a separate envelope headed 'PRIVATE & CONFIDENTIAL' and addressed to: Hilary Southward, South Service Manager and include with your application. All successful applicants will be asked to submit personal details to allow Cadass to obtain for an enhanced DBS (formerly CRB) check as legally required. There will be a charge of £8.00 per applicant. 2 passport photographs must also be supplied if the applicant successfully completes the course.

**Referees:**

Please give the name and address of two referees who have consented to be approached by CADAS for a character reference on your behalf.

## Monitoring Form

All the information on this form will be kept strictly anonymous and confidential. This means that we will not be able to match this information with you or tell other you have completed it. The information helps CADAS and the Youth Offending Service to ensure that people from all aspects of our community are accessing information on our activities and allows us to address any gaps.

### Age (please tick)

- |  |  |
|--|--|
| 15 – 19 years <input type="checkbox"/> | 55 – 64 years <input type="checkbox"/> |
| 20 – 24 years <input type="checkbox"/> | 65 – 74 years <input type="checkbox"/> |
| 25 – 34 years <input type="checkbox"/> | 75 – 84 years <input type="checkbox"/> |
| 35 – 44 years <input type="checkbox"/> | 85+ years <input type="checkbox"/>     |
| 45 – 54 years <input type="checkbox"/> |  |

### Gender

Female  Male  Transgender

### Ethnicity monitoring

How would you describe yourself?

Choose **ONE** section from A to D and then tick the appropriate box.

<b>A</b>	<b>White</b>	<b>C</b>	<b>Asian or Asian UK</b>
<input type="checkbox"/>	British	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Any other Asian background (please state below)
<input type="checkbox"/>	English	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Arab
<input type="checkbox"/>	UK	<b>D</b>	<b>Black or Black UK</b>
<input type="checkbox"/>	Any other white background (please state below)	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>		<input type="checkbox"/>	African
<b>B</b>	<b>Mixed Heritage/Multiple ethnic groups</b>	<input type="checkbox"/>	Any other Black background (please state below)
<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Any other ethnic group (please state below)
<input type="checkbox"/>	White & Black African		
<input type="checkbox"/>	White & Asian		
<input type="checkbox"/>	Any other Mixed background (please state below)		

### Disability Monitoring

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

Disabled  Not disabled

### Sexuality Monitoring

Would you describe yourself as:

1. Gay/lesbian/Bi-sexual  2. Heterosexual

**Employment status**

Employed  Unemployed  Sick  Retired  Homemaker  Veteran  Student  Other

**Marital Status**

Single  Married  Separated  Divorced  Co Habiting  Widowed  Other

**Religion or belief**

- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion

Signature
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Print name
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Date
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**Please complete then print and return this form by post to :**

**Kerry Hallows  
52 Paradise St  
Barrow in Furness  
Cumbria  
LA14 1JG**

or email: [kerryc@cadas.co.uk](mailto:kerryc@cadas.co.uk)

**If you require any further information or help with this form please ring 01229 811111  
or  
e-mail [kerryc@cadas.co.uk](mailto:kerryc@cadas.co.uk)**

