



National Training Awards
North West Winner 2011



CADAS Volunteer Application Form

Name

Address
including
Postcode

Landline or
mobile

Email

1. Which volunteering opportunities are you interested in? (please tick)

- Fundraising
- Training & Community Events
- Office Support
- Business Support (media, marketing, promotional activities)
- Project Support (Young People's Service, Parent/Carer/Family Support)
- One-to-One Recovery Support
- Wellbeing Activity Support - (craft/art/music/writing/ poetry/walking/food;
Recovery Foundation, Drop-ins, Recovery Cafe)
- Trustee/Director

2. Please explain why you want to volunteer for CADAS.



Please note that, in line with the General Data Protection Regulations 2018, we will keep your application form and any supporting documents for up to six months after the closing date. This allows us to contact you about other suitable vacancies that arise within the organisation. Your documents will then be professionally destroyed.

3. Skills

What skills would you bring to CADAS?

4. Voluntary Work

Please let us know about any voluntary work that you have done in the past, or are doing at the moment.

5. Availability

Which days and times are you likely to be available to volunteer for us?



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6. Experience in the drug and alcohol/recovery field

Please let us know about professional experience you have had in this field as well as any personal experience of drugs and/or alcohol. This could also include issues with family or friends that have impacted on you.

7. Recovery

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



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8. Education and Training:

Please let us know about any courses you have taken and any qualifications.

9. Employment Details

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



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10. Any other information

Please tell us a little about any other Interests, hobbies or specialist knowledge you may have.

Criminal convictions

Do you have any criminal convictions?

Yes No

If your answer is yes, please send details of your convictions, sealed in a separate envelope headed 'PRIVATE & CONFIDENTIAL' with a copy of your application, to Lisa Robinson (County-Wide Service Manager), 5 Victoria Place, Carlisle CA1 1EJ. All successful applicants will be asked to submit personal details to allow CADAS to apply for an enhanced DBS (formerly CRB) check as legally required.

Referees

Please give the names, emails and postal addresses of two people who have agreed to be approached by CADAS for a reference. They must not be a family member or personal friend and at least one must be a professional.

Name:

Relationship to you:

Address:

Email address (if available):

Name:

Relationship to you:

Address:

Email address (if available):



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Please sign below to confirm that

- ✓ all the information provided in this application is correct to the best of your knowledge.
- ✓ (if you have a history of problematic substance use) you are in stable recovery from problematic substance use and have provided details of any past issues in the space provided on this form.

Print name

Signature

Date

Please complete then print and return this form by post or email to:

BARROW-IN-FURNESS Louise Martin louisem@cidas.co.uk 52 Paradise Street Barrow-in-Furness LA14 1JG	KENDAL Julie Oram julieo@cidas.co.uk The Stephenson Centre Ann Street Kendal LA9 6AA	WEST CUMBRIA Megan Troughton megant@cidas.co.uk Groundwork James Street Workington CA14 2DF	CARLISLE Lois Sparling loiss@cidas.co.uk 3-5 Victoria Place Carlisle CA1 1EJ
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For further information or help with this form please get in touch on 0300 111 4002.



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Monitoring Form (please do not physically attach this to your application 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 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 Trans (Female) Trans (Male) Non-Binary Other

Ethnicity monitoring

How would you describe yourself?

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

A	White	C	Asian or Asian UK
<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	D	Black or Black UK
<input type="checkbox"/>	Any other white background (please state below)	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>		<input type="checkbox"/>	African
B	Mixed Heritage/Multiple ethnic groups	<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



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

Disabled

Not disabled

Sexuality Monitoring

Would you describe yourself as:

Gay/lesbian/Bi-sexual

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



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