



**CONFIDENTIAL**  
**VOLUNTEER APPLICATION FORM**

Please return to:  
**Jackie Berriman – Volunteer Coordinator**  
**35 SALEM STREET,**  
**BRADFORD**  
**BD1 4QH**

**Tel. No: 01274 727223**  
**Fax: 01274 723291**

<b>PERSONAL DETAILS</b>
SURNAME:
OTHER NAMES.
ADDRESS
DATE OF BIRTH
CONTACT TELEPHONE NUMBER:

<b>Preferred Type of Volunteering Work</b> (Please tick)	
<input type="checkbox"/> Administrative / Reception	<input type="checkbox"/> Complimentary therapies
<input type="checkbox"/> Group work / Workshops	<input type="checkbox"/> Carers Service
<input type="checkbox"/> Befriending	<input type="checkbox"/> Women’s clinic
<input type="checkbox"/> Needle exchange	<input type="checkbox"/> Gym

## **WORK EXPERIENCE**

Are you currently?

EMPLOYED

SELF EMPLOYED

UNEMPLOYED

STUDENT

Please give details of past and present work.

This can be paid work, voluntary work or work at home, start with the most recent

EMPLOYER/ ORGANISATION/ PLACE OF WORK	DATES		MAIN DUTIES RESPONSIBILITIES	REASONS FOR LEAVING OR FINISHING	
	FROM	TO			

**QUALIFICATIONS / EDUCATION / TRAINING**

Please include any relevant short courses and non-accredited or informal training, also names of the education establishments, dates and grades.

EDUCATION	DATES		QUALIFICATIONS IF RELEVANT		LEVEL	
	FROM	TO				

**ACCREDITED BODIES MEMBERSHIP**

Please state all accredited bodies of which you are currently a member

PROFESSIONAL ACCREDITED BODIES	DATES	
	FROM	TO

Do you have professional indemnity insurance for your practice? YES  NO   
 (Applicable to Alternative Therapies practitioners)

INSURANCE DETAILS	DATES	
	FROM	TO

## **ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION**

Please state your reasons for applying for voluntary work with this organisation, including any experience you, your family or friends may have had of alcohol misuse. Please include any additional information you would like to have taken into consideration e.g. other skills, interests, hobbies, specialised knowledge etc.

N.B. Please continue on separate sheets if necessary, up to a maximum of 1,500 words.

## **REFERENCES**

Please give the names and addresses of two people to whom reference can be sought. If you have undertaken any paid or voluntary work one of these references must be your most recent/present employer. In addition if you are undertaking a professional qualification one of your referees should be from your tutor.

NAME:	NAME:
POST HELD:	POST HELD:
ADDRESS:	ADDRESS:
TEL. NO: <input type="checkbox"/>	TEL. NO: <input type="checkbox"/>

Please tick box if you do **not** want your referees to be approached without prior permission.

## **CRIMINAL RECORD**

You will appreciate that Bridge, 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 volunteer positions which involve working with these vulnerable groups. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, volunteering opportunities are exempt from the provision of the said Act. You are, therefore, obliged to give details of any previous convictions, cautions and final reprimands, however old they may be. A criminal record/conviction will not automatically exclude you from becoming a volunteer within Bridge.

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 & Confidential'.

All volunteer positions will be subject to an enhanced Criminal Records Bureau check.

Do you agree to an Enhanced CRB disclosure check being carried out if you are successful and appointed to a position?    **YES**     **NO**

**PLEASE GIVE RELEVANT DETAILS OF YOUR PAST AND PRESENT STATE OF HEALTH**

DATES		MEDICAL HISTORY
FROM	TO	

**VOLUNTEER – TIMES AVAILABLE**

Please indicate convenient times / days available to do voluntary work

Tick best times (✓)      Cross for not available (X)

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

**DECLARATION**

I confirm to the best of my knowledge that the information I have given in this application is correct and understand that misleading statements/information may result in withdrawal of any volunteering opportunities offered to me. I am willing to attend appropriate training if selected for voluntary work and agree to maintain confidentiality in all aspects of the voluntary work I undertake.

APPLICANT'S SIGNATURE: .....

DATE: .....