

DRUG AND ALCOHOL PROJECT (LEVENMOUTH)
Volunteer Position
 APPLICATION FORM

- *Please complete all sections in dark ink or typescript as this form will be copied.*
- *Do not include a Curriculum Vitae. If you do, it will be discarded and your form considered on its own.*
- *Please add your initials, last name and position to any additional sheets you send.*

Position	
Location	

PERSONAL DETAILS

Last Name	Initials										
Address	Telephone no: Home:										
	Work (if we can contact you there):										
National Insurance Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										

EDUCATION, QUALIFICATIONS AND TRAINING

Please give details of your education, qualifications and training relevant to the position.

Course Undertaken	Course Duration	Study Method	Qualification or Result

1.	What experience do you have of people with alcohol/ drug problems?
2.	What skills and qualities do you have which would help you in this type of Voluntary Work?
3.	What personal qualities do you consider to be most important in this type of work?
4.	How do your family and friends feel about you working with people with alcohol/drug problems?
5.	Do you have any other involvement in the alcohol / drug counselling, support or education field?

6.	Would you have any reservations about working with a particular type of client? (eg Male, Female, Families)? If yes, please state which type of client might cause you difficulties.
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7.	Please state what other commitments (if any) you have at present with other Voluntary Organisations?
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ALL SUCCESSFUL CANDIDATES WILL HAVE TO COMPLETE AN ENHANCED DISCLOSURE CHECK WHICH WILL BE PROCESSED BY DAPL.

SIGNATURE.....

Date.....

Please list two referees

1.		2.	
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OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION

Please state in no more than 500 words as to why you are interested in this position.

Please return completed application form to:

Sheila Mair
Volunteer Co-ordinator
D.A.P.L.
1-2 Parkdale Avenue
LEVEN KY8 5AQ

PLEASE MARK YOUR APPLICATION 'PRIVATE AND CONFIDENTIAL'