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Volunteer Introduction

Thank you for your interest in volunteering with Recovery Cymru.

Recovery Cymru is a registered charity and a recovery community for people recovering from drug and/or alcohol problems in Cardiff and the Vale of Glamorgan. Our vision is to provide non-judgemental support for people with drug, alcohol, and associated issues. Our core values are: inclusivity; honesty; mutual respect; friendship; empowerment and positivity. We believe that everyone has the potential to make and maintain positive change.

We welcome volunteers from all walks of life, social backgrounds and with *or* without personal experience of drug and/or alcohol problems. We treat everybody as unique individuals and will seek to place each volunteer in the most appropriate role(s) within RC according to their experience and personal goals.

We offer a range of volunteer opportunities, training events/courses and regular volunteer reviews. If you are unsure about volunteering we also offer Volunteer Preparation sessions.

Our community would be unable to function without the commitment and expertise of our amazing team of volunteers.

We believe that everyone has something to give to, as well as to receive from, our recovery community. If you think you can support our philosophy, we are very keen to hear from you. Please fill out our Volunteer application Form and return it to us as soon as possible.

**Volunteer Coordinators**

218 Cowbridge Rd East 232 Holton Road

Canton Barry CF63 4HS

Cardiff CF5 1NX 01446 734220

02920 227 019

info@recoverycymru.org.uk

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**Volunteer Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*First Name** |  | **\*Surname** |  |
| **\*Landline** |  | **\*Mobile** |  |
| **Email** |  | **\*Date of Birth** |  |
| **Address** |  |
| **\*Post Code** |  |  |  |

Who can we contact in case of an emergency?

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Landline** |  | **Mobile** |  |
| **Relationship to you** |  |  |  |

How did you find out about Recovery Cymru? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what times are you available to volunteer?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Weekends |  | Weekdays |  | Evenings |  | Flexible |  |

How many hours per week can you offer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in volunteering with Recovery Cymru?

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Tell us about any volunteering experience you have.

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What other skills, experience, training or qualifications can you bring to a volunteering role with Recovery Cymru?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Which areas do you think you might be interested in volunteering in?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reception |  | Cookery social |  | Sunday/Saturday  |  |
| Administration |  | Buddying |  | Women’s Group |  |
| Publicity |  | Facilitating groups |  | Recovery Coach |  |
| Fundraising |  | Becoming a Trustee |  | Meet & greet |  |
| Organising activities |  | Recovery Champion |  |  |  |

Other areas/ideas

|  |
| --- |
|  |

**Referees**

Please provide names and addresses of 2 referees who must be over 18 years of age, not related to you and have known you for over 6 months. If possible one should know you in a professional capacity. If you are having a problem naming two referees please contact the Volunteer Coordinator

|  |  |
| --- | --- |
| **Referee one** | **Referee two** |
| Name:  | Name: |
| Address:Postcode:  | Address:Postcode:  |
| Tel no.  | Tel no.  |
| Email address: | Email address: |
| How do you know this person? | How do you know this person? |
| How long have you know this person?Months  Years | How long have you known this person?Months Years |

**Answering YES to the following questions will NOT necessarily stop you from becoming a volunteer**

Do you have a criminal conviction? **YES/NO**

If yes please provide details

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Do you consider yourself disabled? **YES/NO**

If yes can you please provide details so we can better support you in your role

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Have you or your family ever had issues with substance misuse? **YES/NO**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Are you taking any medication eg for allergies or currently receiving any medical treatment? **YES/NO** If yes please give details

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**YOUR DECLARATION**

Recovery Cymru will be using this information to help us support your volunteer role. Unless you specifically request it we will not share your information with any third parties. Please just let us know if you want to change any of the information we hold about you.

Your email address will be added to Recovery Cymru’s newsletter mailing list, if you would rather not receive our newsletter please tick this box ☐

I declare that the information given on this form is true to the best of my knowledge.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Depending on which Centre you want to volunteer at

Please return to:-

**Volunteer Coordinator**

218 Cowbridge Rd East 232 Holton Road

Canton Barry CF63 4HS

Cardiff CF5 1NX 01446 734220

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**Equal Opportunities Monitoring Form**

Please complete and return with your completed application form. The information you provide will be treated in the strictest confidence and will only be used for monitoring purposes. We recognise that not everyone will be comfortable answering every single question as some are very personal. To assist you we offer a “prefer not to answer” option for every question and will make no assumptions about your reason for selecting this response. Recovery Cymru welcomes volunteer diversity

**GENDER:**

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

Is your gender identity the same as the gender you were originally assigned at birth?

Yes No Prefer not to say

**Ethnic Origin**

|  |  |  |  |
| --- | --- | --- | --- |
| White - British |  | Mixed – White & Black Caribbean |  |
| White - Irish |  | Mixed – Back & White African |  |
| White - Other |  | Mixed – Other |  |
| Black or Black British – African |  | Asian or Asian British – Indian |  |
| Black or Black British – Caribbean |  | Asian or Asian British – Pakistani |  |
| Black or Black British – Other |  | Asian or Asian British - Bangladeshi |  |
| Chinese |  | Other |  |
| Prefer not to say |  |  |  |

|  |
| --- |
| **Sexual Orientation:** |
|  Heterosexual / Straight |  Gay Man |  Gay Woman / Lesbian |
|  Bisexual |  Rather not disclose |  Other |

**4. DISABILITY**

The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on the person’s ability to carry out normal day-to-day activities. “Long term” in this context means 12 months or more.

### Do you consider yourself to have a disability as defined by the DDA?

Yes No Prefer not to say