|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** | | **First name:** | **Last name:** |
| **Address:**    **Postcode:** | | | |
| **Telephone** | **home:** | | |
| **work:** | | |
| **mobile:** | | |
| **Email:** | | | |
| **Date of birth:** | | | |

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| --- |
| **Please tell us briefly why you are interested in volunteering at Nacoa** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick volunteering role(s) you are interested in (see volunteering leaflet)** | | | | |
| **Helpline counsellor** |  | Need to live within reach of Nacoa office in Bristol city centre for weekly shift and complete foundation and ongoing training. | | |
|  |  |
| **Helpline researcher** |  |
|  |  |
| **Message Board Mentor** |  | Need to complete foundation training | | |
| **Speaker** |  | Need to complete foundation training | | |
|  |  |
| **Media** | | | | |
| **Personal experience:** | | | | |
| * Own drinking |  | | | |
| * Child of alcohol-dependent parent |  | Who drank |  | |
| **Professional experience** |  | Specify role |  | |
| **Nacoa volunteering experience** |  | | | |
| **Research** | | | | |
| Child of alcohol-dependent parent |  | | | |
| Not child of alcohol-dependent parent |  | | | |
| **Events** |  |  | |  |
| **Fundraising** |  |  | |  |
| **Data Entry** |  |  | |  |
| **Information sharing** |  |  | |  |
| **Nacoa News** |  |  | |  |
| **Press-article clipping** |  |  | |  |
| **Website** |  |  | |  |

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| --- | --- | --- | --- |
| **Please give details of two referees (not relatives) who we may ask to comment on your previous work or on your character** | | | |
| **Title:** | |  |  |
| **Name:** | |  |  |
| **Address:**  **Postcode:** | |  |  |
| **Email:** | |  |  |
| **Tel** | **home:** |  |  |
| **mobile:** |  |  |
| **How do you know this person?** | |  |  |

Please note we undertake checks with the DBS for all our volunteers, however having a criminal record is not an automatic barrier to volunteering.

|  |  |  |
| --- | --- | --- |
| **Please give details of who we can contact in case of an emergency** | | |
| **Name:** | |  |
| **Tel** | **home:** |  |
| **mobile:** |  |
| **Relationship:** | |  |

Volunteers’ names may be published in the Nacoa annual report and newsletter to acknowledge volunteering, but if you would prefer not to have your name published please tick this box

|  |
| --- |
| **How did you hear about volunteering at Nacoa?** |
|  |

**Data Protection Statement**

This information will be held and processed for the purposes of volunteer recruitment, correspondence and DBS checks. The data may also be kept in archived records of Nacoa volunteers and names only will be published with permission in the Nacoa annual report and newsletter. All data is held in accordance with the 1998 Data Protection Act. Completion of this form will be taken as consent to the use of the data provided for the purposes here specified.

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm the information I have given is correct and complete** | | | |
| Signed |  | Date |  |

**Please return your completed application form to** [**volunteering@nacoa.org.uk**](mailto:volunteering@nacoa.org.uk)

**or by post to Nacoa, PO Box 64, Bristol, BS16 2UH**