



Fife Intensive Rehabilitation & Substance Misuse Team

Please describe briefly why you are interested in becoming a volunteer with FIRST

If you have had an alcohol or drug related problem yourself, how long is it since it was resolved?

Please detail below your availability as a volunteer

- Mornings
- Afternoons
- Evenings

How did you find out about FIRST?

- Word of Mouth
- Newspaper
- Leaflet / Poster
- Other

Please give names of two referees whom we can contact (must NOT be a relative / spouse / partner)

Name: _____

Position: _____

Address: _____

Postcode: _____

Telephone
Number: _____

Name: _____

Position: _____

Address: _____

Postcode: _____

Telephone
Number: _____

Declaration

To the best of my knowledge, the information provided on this form is correct.

Signed: _____ Date of Application: _____



Fife Intensive Rehabilitation & Substance Misuse Team

APPLICATION FOR VOLUNTEERING

EQUAL OPPORTUNITIES MONITORING FORM

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the selection process and will be used for monitoring purposes only. All information will be treated in strict confidence and names will not be shown in any statistics produced.

Please complete all sections either typed or in **black** ink and return with your application form. Insert **X** in question boxes that do not require a written answer.

1	Name	
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2 Details of the job you are applying for						
Job Title	Volunteer					
Availability	am		pm		evening	
				weekends		Unavailable on:

3	What is your Gender?	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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4	Do you have regular caring responsibilities for dependants?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Children <input type="checkbox"/> Other Dependants eg elderly or seriously ill adults		<input type="checkbox"/>	Both	<input type="checkbox"/>
Where you are caring for children please say how many are in each age category.					
	under 5	<input type="checkbox"/>	5-16	<input type="checkbox"/>	17-18
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

5	<i>This information will help us to monitor marital status and lone parent status</i>				
	Please answer both (a) and (b)				
	(a) Are you married?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(b) Are you currently living with a partner or spouse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

6	What is your age?	<input type="checkbox"/>
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7	<i>The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.</i>				
	Do you consider that you have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If you answered yes, please state the nature of your disability:				

PLEASE CONTINUE OVERLEAF



Fife Intensive Rehabilitation & Substance Misuse Team

8 *Ethnic origin is about colour and broad ethnic and cultural group. Different groups may face different experiences of discrimination. The categories closely match those used in the 2001 census for Scotland.*
Ethnic Categories. (Choose one section from A - F then tick the appropriate box to indicate your cultural background).

A. White		B Black - Black Scottish, Black English, Black Welsh, or other Black British	
Scottish	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
English	<input type="checkbox"/>	African	<input type="checkbox"/>
Irish	<input type="checkbox"/>		
Welsh	<input type="checkbox"/>		
Any other White background please write in:		Any other Black background please write in:	
C. Asian - Asian Scottish, Asian English Asian Welsh, or other Asian British		D Chinese - Chinese Scottish, Chinese English, Chinese Welsh, or other Chinese British	
Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>		
Any other Asian background please write in:		Any other Chinese background please write in:	
E. Mixed Race		F. Other ethnic background	
Please write in:		Gypsy Traveller	<input type="checkbox"/>
		Any other background please write in:	

9 Please say how you heard about this post.

Advertisement (say where)	<input type="checkbox"/>	<input type="checkbox"/>
Internet Site (say which)	<input type="checkbox"/>	<input type="checkbox"/>
Leaflets	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Centre	<input type="checkbox"/>	<input type="checkbox"/>
Other (give details)	<input type="checkbox"/>	<input type="checkbox"/>
Someone you know	<input type="checkbox"/>	<input type="checkbox"/>

Signed Date

Thank you for helping us to implement our policy of promoting equality of opportunity and eliminating discrimination