

VOLUNTEER FORM

NAME

Contact details

Please state which applies to you:

Employed
Not employed
In Education
Other?

How did you come across DAAP?

Can you please state why you would like to volunteer for DAAP?

Are you a volunteer with any other organisation?

Have you volunteered before?

What are you most interested in doing? Please tick:

Drug and Alcohol Education
Working with specific communities (please state)
Research
Admin
Outreach
Community cohesion
Supporting events
Other (please state)

Have you any addiction issues that you would like to tell us about?

Please state the time commitment you can give DAAP:

Will you attend appropriate volunteer training?

Can you tell us of one or two people who could give you a reference for you?

Please complete the following:

AGE GENDER DISABILITY ETHNICITY

Languages spoken?

When would you like to start?

Thank you for completing this information

**For more information about DAAP,
Please see our website: www.daap.org.uk**