# **Appropriate Adult Volunteer**

# **Application Form**

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Preferred name** |  |
| **Address (in West Yorkshire)** |  |
| **Permanent Address (please complete this if your current address is a temporary address, for example student accommodation)** |  |
| **Are there any periods during the year that you are not regularly a resident in WY?** |  |
| **Email address** |  | **Contact number** |  |
| **Preferred contact** | Email ☐ Phone ☐ Either ☐ | **Pronoun** |  |

**Current Employment Status**

|  |  |
| --- | --- |
| **Employed** | Full-time ☐ Part-time ☐ |
| **Unemployed (seeking employment)** | ☐ |
| **Retired** | ☐ |
| **Student** | ☐ |
| **Other (please specify)** | ☐  |

**Time Commitment**

|  |  |
| --- | --- |
| **Are you able to commit to volunteering for a minimum of 6 hours per week?** | Yes ☐ No ☐ |
| **Are you able to commit to volunteering for at least 12 months** | Yes ☐ No ☐ |
| **Which Police Station would you prefer to attend?** | Bradford ☐ Halifax ☐Huddersfield ☐ Leeds ☐Wakefield ☐ Any, happy to travel ☐ |

|  |
| --- |
| **What is it about this role that has made you apply?** |
|  |
| **We welcome volunteers with a range of abilities and aim to create a positive environment for all. So that we can assist you, please provide details below of any disabilities, health issues or other issues which could impact on you as a volunteer with us.**  |
|  |
| **Due to the sensitive nature of the volunteering role, it is a requirement for all prospective volunteers to disclose all convictions, including those ‘spent’. As part of this role, you will need to complete an Enhanced DBS. Please summarise below any convictions, spent or otherwise. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability for the role.**  |
|  |

**Data Monitoring**

|  |
| --- |
| **Where did you hear about this role/see this role advertised?** |
|  |

**Authorisation and Acknowledgement**

I declare that the information provided in this application is true and complete.

|  |  |
| --- | --- |
| **Full name** |  |
| **Signature** |  |
| **Date** |  |

Please return your completed application form to AppropriateAdult@restorativesolutions.org.uk by no later than 5pm on the 21st April 2025. Thank you.