



Head Office: 41/42 St James Crescent  
Uplands, Swansea SA1 6DR  
Tel: 01792 646421/Fax: 01792 480860  
Email: [adminexecs@wcada.org](mailto:adminexecs@wcada.org)

## Volunteer Registration Form

(Please use only the spaces provided)

### Personal Details:

First name

Last name

Address

Post code

Date of Birth

Home Phone

Mobile

### Availability:

Please tick below your 1st choice/s for where you would like to volunteer

Neath  Port Talbot  Swansea  Bridgend

Please tick below your 2nd choice/s for where you would like to volunteer

Neath  Port Talbot  Swansea  Bridgend

Please let us know what days/times you are available to volunteer and how many hours you would like to give:





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### **Personal Details Cont.:**

Have you ever been convicted of a criminal offence? *(Please give a summary including main offences, dates and any unspent convictions):*

**Note: WCADA require an Enhanced Criminal Records Bureau check for all positions within the organisation. Having a criminal record will not necessarily affect your application**

### **References:**

It is important that you provide details of two **professional** persons that will vouch for your suitability to volunteer with us and provide a **written** reference. We are unable to accept references from friends or relatives. (if you are currently involved in services a reference from your key worker is required).

1<sup>st</sup> Referee Name:

Address / Postcode:

2nd Referee Name:

Address / Postcode:



Welsh Centre for Action on Dependency and Addiction

**WCADA**

Canolfan Gymraeg am Weithredu ar Ddibyniaeth



Inspiring Change  Achieving Potential

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### **Volunteering interests:**

Please tick which area you would like to become involved in. *(Please note that this an expression of interest only and is subject to suitability and organisational need).*

Information on our services can be found on our website – [www.wgcada.org](http://www.wgcada.org)

Administration

Needle Exchange

12 Step Treatment

Harm Reduction

DOMINO

Family Work

Young Persons

Peer Mentoring

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### ***Please complete and return the form to:***

Volunteer Coordinator  
WCADA  
46 Talbot Road  
Port Talbot

SA13 1HU

***Signature:***

***Date:***