

Volunteer Application Form

PRIVATE AND CONFIDENTIAL

Please indicate which project you are applying for:

- | | | | |
|---------------------|--------------------------|-------------------|--------------------------|
| Appropriate Adult | <input type="checkbox"/> | Stay & Play Group | <input type="checkbox"/> |
| Mentoring Project | <input type="checkbox"/> | Staff Led Group | <input type="checkbox"/> |
| Youth Group Support | <input type="checkbox"/> | Community Fridge | <input type="checkbox"/> |
| Community Panels | <input type="checkbox"/> | Parenting Support | <input type="checkbox"/> |

Please complete in black ink

Personal Details

Full name: _____

Any other names by which you have been known: _____

Title (Mr, Mrs, Miss, Ms, etc.): _____

Address:

Home telephone number: _____ Work telephone number: _____

Mobile telephone number: _____

Email address: _____ I give permission for this to be included on a distribution list

Date of birth (volunteers must be 18 or over): _____

Please indicate your ethnic origin (please circle): White | Mixed | Asian or Asian British | Black or Black British | Chinese | Other Ethnic Group | Do you have any specific needs that must be taken into account? Yes / No

Do you have access to a vehicle for use in your voluntary work? Yes / No

Current Employment

Current occupation (paid or unpaid) and all previous occupations over the past ten years

Occupation	Dates

Additional Information

Why are you interested in volunteering with the Leicestershire Children and Family Wellbeing Service?

1a) Give details of any experience of working with children or young people (including those of your own family)

1b) Give details of any experience of working in retail / food preparation (Community Fridge applicants only)

2) Do you have any other relevant skills or experience? Please include your hobbies and interests.

3) State how you think your skills and experience would be of help to you as a volunteer.

4) Please indicate the geographical location you would be willing to work in.

Criminal Convictions

Note: A criminal conviction will not automatically disqualify you.

Please give details of any criminal convictions, or cautions/ reprimands/ warnings/ fixed penalty notice which, you have had and any appearance pending (this is an excepted question under the Rehabilitation of Offenders Act 1974 and you therefore must give details of all convictions whether spent or unspent under that Act).

Offence	Penalty or order of court	Court	Date of conviction

It is a condition of recruitment as a volunteer that a full criminal record check (which will include any spent convictions) be carried out prior to selection. Please sign and date below if you agree to this check being carried out.

Signature: _____ Date: _____

Commitment and Availability

Volunteers must undergo training, both initial and ongoing, as well as supervision meetings.

State whether you will be able to attend (please circle): Day time | Evenings | Weekends

If selected as a volunteer could you commit to serve for at least one year? Yes / No

Referees

Give details of two people who may be asked about your ability to act as a volunteer. Your referees must not be relatives, you must have known them for at least two years; and one must be a current/previous employer or other professional.

Reference 1

Title _____ Name _____

Address _____

Telephone number _____ Position held _____

Context in which known to you _____

Reference 2

Title _____ Name _____

Address _____

Telephone number _____ Position held _____

Context in which known to you _____

I have obtained consent from the above named individual to supply their contact details for the purpose of providing a reference to support my application to volunteer (Please tick)

I understand that CFWS will contact the above named referees in accordance with Safer Volunteer Recruitment best practice and the relevant legislation (Please tick)

Emergency Contact Details

Emergency contact name: _____ Contact number(s): _____

Relationship to you: _____

I have obtained consent from the above named individual to supply their contact details and that in the event of an accident or emergency during my volunteering they may be contacted (Please tick)

Please supply any further information you feel might be helpful in the event of an emergency eg Regular medication taken, allergies etc.

If you have made a previous application to become a volunteer, please give details.

To assist in future recruitment please state where you learnt about this volunteering opportunity.

Declaration

Please check that you have answered all questions fully before signing the declaration below.

“I certify that the information given is true and complete to the best of my knowledge and belief.”

I agree to Leicestershire Children and Family Wellbeing Service processing my personal data, as well as my sensitive personal data for the purpose of processing my application; for equal opportunities monitoring; for purposes of my volunteering; for administrative purposes and for the purpose of complying with applicable laws, regulations and procedures. This will include holding this data electronically on the Volunteering Database.

Signature: _____ Date: _____

Please complete and return this form to the address below as soon as possible:

Leicestershire County Council
Children and Family Wellbeing Service
Room 500
County Hall
Glenfield
Leicester, LE3 8RF

Tel: (0116) 3050030

Fax: (0116) 3057220

Email: youthoffendingservice@leics.gov.uk