

Your community

Your opportunity

Volunteer application form

Thank you for your interest in volunteering with Leicestershire County Council. The information you provide in this application form will help us decide how we can best work together to support our services. It would be really helpful if you can give us as much information as possible about your experiences, interests and availability to volunteer. If you have any questions about this process, please do not hesitate to contact us on the details at the end of this form.

Which volunteering role you are applying for

Where is this based

What days and times are you available to volunteer? (Please tick all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Am							
Pm							
Evening							

Where did you find out about volunteering with us?

- Word of mouth
- School / College
- Job Centre / employability project
- Visit to site / team
- Employer
- Voluntary Action Leicestershire
- Support worker
- Friends / family
- LCC webpage
- Do-it.org
- Social media
- Flyers / posters / news article
- Other (please specify)



Tell us who you are and how to get in touch with you

Title

First Name **Surname**

Address

Post Code

Home Tel

Mobile

Email

Year of Birth **Ethnicity**

Which of the following best describes you?

- Employed full time Employed part time Unemployed Retired
- Unable to work Attend school Attend College / University

Have you volunteered anywhere before? Yes No

(If yes please give details)

Why do you want to volunteer? (Tick all that apply)

- Health and wellbeing Road test a career Enhance CV / employability
- Social aspect To try something new Gain new skills and experience
- Confidence To benefit the community Share skills and expertise
- Be part of a local hub Enhance an LCC service Learn from skilled professionals
- Other (please specify)

Please tell us why you are interested in volunteering for this specific role?



What skills and experience (paid or unpaid) do you have that you feel would be useful to this role?

We aim to create a positive environment to enable all volunteers to make the most out of their experience. So we can consider any appropriate adjustments and better support you in a potential role please complete the following section to the best of your ability.

Medical information:

Do you have any medical / health conditions or disabilities that we need to be aware of, or that are relevant to this volunteering activity e.g. epilepsy, diabetes, asthma, mobility, heart problems etc?

Condition	Medication taken / treatment / precautions necessary

Do you consider yourself to have a disability (physical / learning / mental health)?

Yes No

Do you have any additional support or access needs? Yes No

If yes, please say what these are

Please provide us with the details of the first person we would need to contact in the event of an emergency

Title

First Name Surname

Address

Post Code

Home Tel

Work Tel

Mobile

Relationship to you



Who can we contact for references?

Please could you give the names and addresses of two people (other than a spouse or relative) to whom we could apply for a personal reference.

Referee 1	
Name	
Address	
	Postcode
Tel	
In what capacity do you know them?	

Referee 2	
Name	
Address	
	Postcode
Tel	
In what capacity do you know them?	

Data Protection

Personal data supplied on this form will be held by the service you volunteer with in accordance with the GDPR / Data Protection Act 2018. This will be held securely and confidentially. They will be accessed by authorised persons only.

For further information

- I accept that if I am using my car for volunteering activities I will contact my insurance company to inform them and I understand that I would need to have valid mot and tax. Yes No
- I accept any work created, developed, invented, carried out or produced during, or as a consequence of any volunteering activity should be determined to have been made on behalf of the Council. The Council retains all rights to such work. Yes No
- For some roles you will be required to complete a DBS check. This will be clear from the volunteer role description and you will be contacted accordingly.
- It is the responsibility of the volunteer to keep the information on this form up to date. It is important that any changes are reported to your volunteer manager as soon as possible.

I declare the information I have provided is true

Signed	Date

Original signature must be obtained by the Volunteer Manager

Please send completed form back to:

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