



REGISTERING WITH VASL

Thank you for deciding to register as a volunteer.

So that we can offer you support and advice please take a few minutes to complete this registration document. You can choose not to answer any question. If you are unsure about any part of the form please ask us for advice or assistance.

Data

At no time will we provide any of your details to a third party without your permission.

You have the right to have your details remove from the data system.

We do not sell or give out our mailing list to third parties for commercial purposes.

The information you give us will be held confidentially and will only be used for our projects.

VASL will include you in our mailing list for information on events, activities or to obtain feedback on services;

We may compile statistical data from time to time but this will never include references to individual people.

Disclosure and Barring Service (DBS)

Please be aware that some opportunities require that a DBS check (previously known as police check) be carried out on anyone who wishes to volunteer. This is often the case if the volunteering involves working with children or vulnerable adults. VASL staff can advise you about this process.

Support

As a registered volunteer VASL staff are available to advise and support you in all aspects of volunteering after you have commenced your placements within our organisation. If you have any questions then please contact us on the number below or pop into the office to see us.

First Floor, Torch House, Torch Way, Northampton Road, Market Harborough, Leics LE16 9HL Tel: 01858 433232



INCLUDE • INVOLVE • ENRICH



VOLUNTEERING REGISTRATION FORM

Please read the guidelines 'Registering with VASL' before completing this form

Title	Miss	Mrs	Ms	Mr
	Other:			
First Name				
Surname				
Address				
Town				
County				
Postcode				
Phone Numbers				
Email				

How did you hear about VASL?

Please give details of any skills or interests you have, or any previous volunteering experience.

Why do you want to volunteer? What do you hope to gain/achieve from volunteering?

VOLUNTEERING AT VASL

We have volunteering opportunities within the following areas, please tick the ones which you are interested in.

Driving -Social Car Scheme

- Volunteer Drivers – provide transport within the town and/or to hospitals.

Young Carers Project

- Volunteer drivers, collect young people for activities and visits
- Escorts who will accompany the drivers when young people are in the car.
- Group Volunteers – help provide fun activities for Young Carers within the evening session/attend day trips

Administration

- Opportunities to gain experience working in an office environment based at Torch House or supporting projects.

Digital inclusion – encouraging people to get online, working in individual homes.

- Community Champions – working with older people
- Support for Carers

Community Champions

- Visiting older people in own home
- Accompanying older people to groups or on outings
- Hosting gatherings of older people, either in their homes or cafes

Telephone Befrienders

- Weekly or fortnightly calls to Carers supporting family members
- Regular calls to older people as part of Community Champions

Fundraisers

- Supporting the work of VASL

Trustees

- VASL is managed by a board of voluntary trustees

Groups you would like to work with (if you have a preference)

- Children and Young People
- Carers (adult)
- Older people

REFERENCES

Please give 2 people (Other than relatives or partner) who would be prepared to act as referees:

REFEREE1:

Name	
Address	
Postcode	
Telephone	
Email	
In what capacity do they know you?	

REFEREE2:

Name	
Address	
Postcode	
Telephone	
Email	
In what capacity do they know you?	

VOLUNTEER DRIVERS Transporting clients only:

Do you have your own vehicle available to use for voluntary driving?

Yes No

Make & Model:

Registration No: Colour:How many doors?

Do you have a clean driving licence? Yes No

If no please give details of all convictions:

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Are you able to handle a wheelchair? Yes No

You must inform VASL of any convictions of motoring offences incurred. Also notify us of any change of vehicle or any deterioration to your general health.

TIMES AVAILABLE

Please indicate by ticking the boxes below when you may be available for volunteering. N.B. You are not making an absolute commitment to be available at any of these times.

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Morning							
Afternoon							
Evening							
More details:							

How much time do you want to spend volunteering (e.g. 2 hours a week)?

Are you available for a fixed period (e.g. 6 months, indefinitely?)

How far are you willing to travel and what kind of transport will you use?

PERSONAL DETAILS

Date of Birth:	Emergency Contact Name & Number
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Do you have any medical conditions which might affect the kind of volunteering you can do?

Yes No

If so please give details, or discuss this with Staff at VASL

Have you been convicted of a criminal offence (other than motoring offences and spent convictions)? Yes No

If yes please supply details in a sealed envelope. I also undertake to inform VASL immediately if I am convicted of a criminal offence during the period of volunteering with VASL.

I declare that the information given on this form is to the best of my knowledge and believe true and complete.

Signed Date

VOLUN

TARY ACTION SOUTH LEICESTERSHIRE EQUALITY MONITORING FORM



Here at VASL we want to ensure that we are inclusive in reaching out to all parts of the community. Monitoring our performance in delivering equal opportunities is important in achieving this aim and serving all our members and clients.

We are also keen to meet our legal responsibilities as defined in the Equality Act 2010.

The purpose of this form is to help us monitor how well we are doing in attracting people from as wide a range of diverse backgrounds as possible. The information will remain confidential and is used for statistical analysis only.

As a result of this monitoring we may find that we need to make changes to either the way that we operate or to the services that we offer.

You may regard some of the questions as personal and may not wish to answer particular questions, which is why we provide that option on the form.

PROJECT APPLIED FOR eg Community Champions/Social Transport/Young Carers etc	
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WHERE DID YOU SEE/HEAR ABOUT THIS POST:	
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GENDER: (please tick appropriate box)	
Male	
Female	
Transgender	
Do not wish to answer	

AGE:	
What is your age?	
Do not wish to answer	

ETHNIC ORIGIN:			
White	Asian/Asian British	Black / African / Caribbean / Black UK	
English, Scottish, Welsh, Northern Irish, UK	Bangladeshi	African	
Irish	Indian	Caribbean	
Gipsy / Irish Traveller	Pakistani	Any Other Black / African / Caribbean background	
Any other White background	Chinese	Mixed ethnic background	
Other ethnic Group	Other Asian Origin	Mixed ethnic background	
Arab			
Other ethnic group			
		Do not wish to answer	

DISABILITY: (please tick appropriate box)

The Disability Discrimination Act 1995 defines a disabled person as someone with "a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities"

Do you consider yourself to be a?

Disabled Person	<input type="checkbox"/>	Non-Disabled Person	<input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>
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Due to the introduction of new equal opportunities laws out in December 2003, we now have to check that we are not discriminating on the grounds of sexual orientation or religion/belief.

SEXUAL ORIENTATION: (Please tick appropriate box)

Lesbian	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Bi-Sexual	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>		<input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>

RELIGION OR BELIEF: (Please tick appropriate box)

Do you need to observe your religious beliefs during work time? (We may ask you about this, to ensure we at VASL are doing all that we can to accommodate your needs).

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How would you describe your religion/belief?

Atheist	<input type="checkbox"/>	Jain	<input type="checkbox"/>	Zoroastrianism	<input type="checkbox"/>
Baha'i	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	No belief	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Rastafarian	<input type="checkbox"/>		<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>

Thank you for taking the time to complete this form