



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.

Due to the nature of the volunteering opportunities, we do not have any opportunities for people under the age of 18.

Your personal data

We collect your information to enable our projects to support you. We sometimes collect some information which is sensitive for example, health.

Your privacy is important to us, so we'll always keep your details secure. We won't pass on your information to third parties without your consent unless there is a lawful basis to do so.

We will never use your details for marketing communications that you haven't agreed to receive.

If your details change, please contact us so that we can keep your data accurate.

You may contact us at any time to unsubscribe from our communications. For further details on how your data is used and stored, please see our privacy policy.

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.

| |
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| 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 | | | | |

Marketing Permissions

VASL would like to send you a regular newsletter on all VASLs services and provide you updates and marketing information. Please let us know if you would like to hear from us:

- Email
- Direct Mail

You can change your mind at any time by contacting us at admin@vasl.org.uk or calling 01858 433232

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

My Mind Matters

- Peer to peer support

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
- Mental Health

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:

.....

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 |
|----------------|---|

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**

VOLUNTARY 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 | |
|---|--|

| | |
|--|--|
| WHERE DID YOU SEE/HEAR ABOUT THIS POST: | |
|--|--|

| 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"/> |
|-----------------|--------------------------|---------------------|--------------------------|-----------------------|--------------------------|

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"/> | | | 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"/> |
|-----|--------------------------|----|--------------------------|

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