



Volunteer Registration Form

Thank you for your interest in volunteering at VASL.

Please complete the details below so that we can direct your interest to the correct service and provide you with the right information and guidance. Due to the nature of the volunteering opportunities, we are unable to accept anyone under the age of 18.

Section A: Your details

Title:
First name(s):
Surname:
Address:
Postcode:
Main telephone number:
Other telephone number:
Email:
Date of birth:
Emergency contact name and number:

Do you have any medical conditions which might affect the kind of volunteering you can do?

- Yes
- No

If yes, please give details:

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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.

VASL

First Floor Torch House Torch Way Northampton Road Market Harborough LE16 9HL
Email: admin@vasl.org.uk Tel: 01858 433232
Registered Charity No. 1141274 Company Registration No. 7517828



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Section B: More about you

How did you hear about VASL?

Why do you want to volunteer? *Please tell us what you hope to gain/achieve from volunteering.*

Do you have any previous volunteering experience?

What skills and interests do you have?

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Section C: Interests

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

Driving: Social Car Scheme

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

Young Carers Project – now provided by HCYC, but VASL is still providing volunteers.

- Volunteer drivers collect young people for activities and visits.
- Chaperones who will accompany the drivers when young people are in the car.

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 with older people in individual homes and at local libraries.

Community Champions

- Visiting older people in their own homes.
- 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.

Befriending Wellbeing service

- Weekly calls to support the client to improve overall wellbeing and reduce isolation.
- Support group facilitation
- Community Connector role supporting members to access support

Carers Dementia Guardian

- Offering face to face and Telephone support to carers of loved ones with dementia
- Supporting the work of VASL

Trustees

- VASL is managed by a board of voluntary trustees, we occasionally have vacancies for these roles.

Fundraisers

- To support the work of VASL

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

- Young People
- Carers (adult)
- Older people
- Mental Health

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Section D: Transport volunteer

If you are interested in becoming a volunteer driver, please complete section D, if not please skip this section and complete section E

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

- Yes
- No

Make & Model:
Registration No:
Colour:
Number of doors:
Insurance renewal date:

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

Declaration: I consent to informing VASL if I:

- Receive any motoring offences.
- Change my vehicle.
- Experience deterioration to my general health.

Signature:
Date:



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Section E: Availability

Please indicate by ticking the boxes below when you may be available for volunteering. Note, 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?



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Section F: References

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

1st Referee:

Full name:
Address:
Postcode:
Telephone number(s):
Email:
In what capacity do they know you?

2nd Referee:

Full name:
Address:
Postcode:
Telephone number(s):
Email:
In what capacity do they know you?



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Section G: Your data

Privacy is important to VASL, and we will 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. If you would like to read more about how we use your data, please see our privacy policy on our website:

www.vasl.org.uk

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

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

Marketing Permissions

VASL would like to send you a regular newsletter about all of our services and provide you with updates and marketing information. Please let us know if you would like to hear from us by:

- Email
- Direct Mail

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

Section H: Declaration

By submitting this form, I am giving VASL consent to hold my personal details to register my interest as a volunteer. I understand VASL collects this information to enable it to support me and that sometimes the information is sensitive for example, health.

If any of my personal details change or if I wish my details to be removed, I will notify a staff member at VASL.

I understand that some volunteering roles are DBS checked and the process will be discussed with me before an application is made.

If I am subject to any criminal convictions, I will notify a staff member at VASL immediately.

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

Signed

Date



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Please provide the following information:

Which of the following best describes your gender?

Male Female Prefer to self-describe Prefer not to say

Option to self-describe, please add here:

Is the gender you identify with the same as your gender registered at birth?

Yes No Prefer not to say

Age

16-24 25-29 30-34 35-39 40-44 45-49
50-54 55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

Asian or Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black, African, Caribbean or Black British

African Caribbean Prefer not to say

Any other Black, African or Caribbean background, please write in:

Mixed or Multiple ethnic groups

White and Black Caribbean White and Black African White and Asian Prefer not to say

Other Mixed or Multiple ethnic background, please write in:

White

English Welsh Scottish Northern Irish Irish British

Gypsy or Irish Traveller Prefer not to say Any other White background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:



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Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

Which of the following best describes your sexual orientation?

Heterosexual Gay Lesbian Bisexual Prefer to self-describe

Prefer not to say Option to self-describe, please add here:

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish

Muslim Sikh Prefer not to say If other religion or belief, please write in:



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