

BLABY DISTRICT COUNCIL VOLUNTEER APPLICATION FORM

Which area of v	vork are you interested					
In volunteering	for, i.e. youth work,					
gardening, wor	king with children, office work					
Are you employ	ved at the moment?	Yes/No				
Have you done	Yes/No					
What experience volunteering?	e have you had that you think	would be b	enef	icial to your ch	osen area of	
What days wou	ld you be available to voluntee	r for work?	ı			
,						
Monday	Tuesday					
PERSONAL DE	TAILS					
Your Name			Male	e / Female (plea	se state if other)	
					ŕ	
Address						
Postcode		Age		Date of Birth		
Home Phone		Your Mob	ile			
number		number				
Email address		•				
Emergency		Emergency Contact				
Contact Name		Number				



Equal Opportunities

(Please Circle appropriate option)

Mixed				White			Other
White & E	Black	White & Asian	Other	British	Irish	Other	Gypsy Traveller
Asian or Asian British			Black or Black British			Chinese	
Indian	Pakista	ni Bangladeshi	Other	Black	Black British	Black Other	Chinese

Please detail if you have any medical conditions, allergies, learning difficulties and/or disabilities

CONSENT

This form has been explained to me. I understand that the information collected will be used to help plan and deliver better services and the personal information contained on it will be processed by Blaby District Council in accordance with the Data Protection Act 1998 and it may be shared with other departments of the District Council and outside bodies where necessary. The information provided will not be shared with organisations for marketing or sales purposes. An enhanced Disclosure and Barring Service check may be required to ensure the suitability of applicants who may be volunteering to work with young people or vulnerable adults.

I understand the information will be held in accordance with the Council's records management and retention policy.

I understand that some of the information requested requires my explicit approval and by providing the information I agree that Blaby District Council can use the information for statistical purposes to assess effectiveness in providing services.

Signed	Print Name	 Date	