



Leicester Ageing
Together



Volunteer Application Form

Community Explorer Volunteer

Thank you for your interest in volunteering with us. Please complete this application form and return it to hello@leicesterageingtogether.org.uk

Title:	
First Name:	
Family Name:	
Address:	
Postcode:	
Telephone Number(s):	
Email Address:	
Date of Birth:	
Your occupation or previous occupations:	
Preferred contact method (phone, email):	
Ethnicity:	
Languages spoken:	

Please tell us about any work, volunteering, personal experience, skills or interests you have that may be relevant to the Community Explorer Role.

What times would you like to volunteer?	
Please tell us about what you'd like to gain from volunteering in this role.	
Do you have any particular needs that we should be aware of so as to best support your volunteering with us?	
Referees - please give the name and contact details for 2 people who can comment on your suitability to volunteer with us. They should not be family members.	
Name:	Name:
Position held by Referee, or how they know you:	Position held by Referee, or how they know you:
Address:	Address:
Email:	Email:
Tel:	Tel:

Protection of vulnerable people and DBS

If the volunteering opportunity you are applying for entails working with children or vulnerable adults you will be required to make a disclosure application to the Disclosure & Barring Service.

If you acquire a conviction or caution, or have charges pending whilst volunteering with Vista, you must inform the Volunteer Coordinator or your supervisor at Vista.

We will treat all information you submit as confidential and in accordance with the Rehabilitation of Offenders Act, 1974.

Are you willing to abide by this policy and disclose any relevant information (such as a criminal offence)?

Yes / No

Your agreement with us

I declare that to the best of my knowledge the information on this application is true. I understand that failure to disclose relevant information, or any attempt to mislead, may lead to my volunteering placement being terminated.

I understand that by submitting this application form, I consent that Vista will process my personal and sensitive personal data having due regard for confidentiality and the Data Protection Principles as outlined in the Data Protection Act 1998.

I understand that whilst volunteering for Vista I may learn information of a confidential nature about Vista, other organisations and/or other volunteers, staff or service users, and that this information must be treated as confidential. A breach of confidentiality may lead to my volunteer placement being terminated.

Your Signature:

Date:

Thank you for your application. Please return this form to:
hello@leicestertogether.org.uk