

Volunteer Application Form

Thank you for your interest in volunteering with The Laura Centre. Please complete this form as fully as possible and:

Return it by e-mail to: info@thelauracentre.org.uk

Return it by fax to: 0116 254 5981

Return it by post to: The Laura Centre, 4-6 Tower Street, Leicester LE1 6WS

Please note that you can also complete this form on-line by visiting the fundraising section of our web site and following the volunteer link. Our web address is www.thelauracentre.org.uk

Volunteer Role Applying For:	
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Full Name		Title	
Address	Home Tel	<input type="checkbox"/>	
	Work Tel	<input type="checkbox"/>	
	Mobile Tel	<input type="checkbox"/>	
Post Code	Please tick the number you prefer us to use		
E-mail			

Can we contact you on the e-mail address provided? Yes / No

Do you have a current driving licence? Yes / No

Do you have access to a vehicle? Yes / No

We work across Leicester, Leicestershire and Rutland. Where would you be able to help us? e.g. Leicester City, Melton area, around Coalville)

Have you had contact with The Laura Centre before? Did you attend the Centre as a client or as a helper at a previous event?

Why would you like to volunteer for The Laura Centre? (e.g. the Centre helped a close friend or family member)

What are you currently doing (please tick)?			
<input type="checkbox"/>	Employed - What is your job role?		
<input type="checkbox"/>	Student - What are you studying?		
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Retired
		<input type="checkbox"/>	
Other (please give details)			

For those applying to be a volunteer Complementary Therapist:	
I intend to practice the following therapies	
<input type="checkbox"/>	I am qualified in the above therapies
<input type="checkbox"/>	I have my own professional insurance and can provide a copy to The Laura Centre

References:

Please give details of two people who can comment on your suitability for this post. One referee should be your [re- sent or most recent employer. Other examples might be college tutors, community leaders, someone in a position of responsibility (e.g. another organisation where you have done voluntary work), **but not relatives or friends.**

Referee 1		Referee 2	
Name		Name	
Post/Title		Post/Title	
Address		Address	
Tel:		Tel:	
E-mail		E-mail	
Relationship to you		Relationship to you	

Criminal convictions and cautions

The role you are applying for is subject to a CRB check. The post involves working with vulnerable adults and children (as defined by the Safeguarding Vulnerable Groups Act 2006) and as such is exempt from the provision of the Rehabilitation of Offenders Act 1974. You must provide details of all convictions including cautions, reprimands, warnings, investigations or pending prosecutions, irrespective of whether they are spent or unspent under the Rehabilitation of Offenders Act 1974.

Have you ever received a caution, including conditional cautions, been convicted by a court of any offence, been reprimanded, or given a final warning? Yes / No

If YES please give details of offence(s) and sentence on a separate sheet of paper, enclosed in an envelope marked "Confidential" and addressed to "The Chief Executive"

Disability / Health Conditions

The Disability Discrimination Act 1995 defines disability as 'A physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities.

I consider myself Disabled Non Disabled

Please indicate below if you require any reasonable adjustments due to a disability or health condition to enable you to attend an interview or which you wish to be taken into account when considering your application

Declaration

- I understand that The Laura Centre will
- in considering my application, treat the information given in this form in confidence
- not disclose information to any third party without my prior agreement
- retain information for a period of a year should my offer to act as a volunteer not be taken up
- if I am accepted as a volunteer, retain this information for legitimate business purposes (meaning The Laura Centre's business as a charity)

I understand my right to request to see all information held about me by The Laura Centre

In signing this form I give consent for the information to be used as above

I certify that all information which I have provided is correct. I understand that any false information given may result in a volunteer offer being withdrawn.

Signed Print Name Date