

Volunteer Application Form

Private and confidential			Please complete in black ink	
Please indicate which project you are applying for:	Appropriate Adult		Community Panels	
	Mentoring Project		Short Term Intervention	
	Parent Mentor		Driver	
Personal Details				
Full name:				
Any other names by which you have been known:				
Title (Mr, Mrs, Miss, Ms, etc.):				
Address:				
Home telephone number:	Work telepho	ne numb	er:	
Mobile telephone number:				
Email address:	I give permission	n for this t	o be included on a distribution l	ist 🗆
Date of birth (volunteers must be 18 or over):				
	ni Bangladeshi Other nave any specific needs	Asian 0		ack
Do you have access to a vehicle for use in your vo	duntary work? Yes7	NO		
Current Employment				
Current occupation (paid or unpaid) and all previous	us occupations over	the past	ten years	
Occupation	Dates			
Additional Information				
Why are you interested in volunteering with the	Leicestershire Yout	h Offend	ling Service?	

1)	Give details of any experience of working with children or young people (including those of your own family)
2)	Do you have any other relevant skills or experience? Please include your hobbies and interests.
3)	State how you think your skills and experience would be of help to you as a volunteer.
4)	Please indicate the geographical location you would be willing to work in.

Criminal Convictions

Note: A criminal conviction will not automatically disqualify you.

Please give details of any criminal convictions, or cautions/ reprimands/ warnings/ fixed penalty notice which, you have had and any appearance pending (this is an excepted question under the Rehabilitation of Offenders Act 1974 and you therefore must give details of all convictions whether spent or unspent under that Act).

Offence	Penalty or order of court	Court	Date of conviction

It is a condition of recruitment as a Volunteer that a full criminal record check (which will include any spent convictions) be carried out prior to selection. Please sign and date below if you agree to this check being carried out.

Signature:	Date:
9	

Commitment and Availability

Volunteers must undergo training, both initial and ongoing, as well as supervision meetings.

State whether you will be able to attend (please circle): Day time | Evenings | Weekends

If selected as a volunteer could you commit to serve for at least one year? Yes / No

Referees

Give details of two people who may be asked about your ability to act as a volunteer. Your referees must not be relatives, you must have known them for at least two years; and one must be a current/previous employer or other professional.

Reference 1	
Title Name	
Address	
Telephone number	Position held
Context in which known to you	
Reference 1	
Title Name	
Address	
Telephone number	Position held
Context in which known to you	

To assist in future recruitment please state where you learnt about this volunteering opportunity. Declaration Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature:				
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature:	If yo	ou have made a previous application to becom	e a volunteer, please give details.	
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature:				
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature:				
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature:				
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature:				
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature: Date: Please complete and return this form to the address below as soon as possible: Leicestershire County Council Leicestershire Youth Offending Service 3rd Floor County Hall Glenfield Leicester LE3 8RA Tel: (0116) 305 0030	To a	assist in future recruitment please state where	you learnt about this volunteering opportunity.	
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature: Date: Please complete and return this form to the address below as soon as possible: Leicestershire County Council Leicestershire Youth Offending Service 3rd Floor County Hall Glenfield Leicester LE3 8RA Tel: (0116) 305 0030				
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature: Date: Please complete and return this form to the address below as soon as possible: Leicestershire County Council Leicestershire Youth Offending Service 3rd Floor County Hall Glenfield Leicester LE3 8RA Tel: (0116) 305 0030				
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature: Date: Please complete and return this form to the address below as soon as possible: Leicestershire County Council Leicestershire Youth Offending Service 3rd Floor County Hall Glenfield Leicester LE3 8RA Tel: (0116) 305 0030				
Please check that you have answered all questions fully before signing the declaration below. "I certify that the information given is true and complete to the best of my knowledge and belief." Signature: Date: Please complete and return this form to the address below as soon as possible: Leicestershire County Council Leicestershire Youth Offending Service 3rd Floor County Hall Glenfield Leicester LE3 8RA Tel: (0116) 305 0030	Dag	lavation		
"I certify that the information given is true and complete to the best of my knowledge and belief." Signature:	Dec	iaration		
Signature:	Pleas	se check that you have answered all questio	ns fully before signing the declaration below.	
Please complete and return this form to the address below as soon as possible: Leicestershire County Council Leicestershire Youth Offending Service 3 rd Floor County Hall Glenfield Leicester LE3 8RA Tel: (0116) 305 0030	"I cer	tify that the information given is true and comple	ete to the best of my knowledge and belief."	
Leicestershire County Council Leicestershire Youth Offending Service 3rd Floor County Hall Glenfield Leicester LE3 8RA Tel: (0116) 305 0030	Signa	ature:	Date:	_
Leicestershire Youth Offending Service 3 rd Floor County Hall Glenfield Leicester LE3 8RA Tel: (0116) 305 0030	Pleas	se complete and return this form to the address	below as soon as possible:	
County Hall Glenfield Leicester LE3 8RA Tel: (0116) 305 0030	Leice	stershire Youth Offending Service		
Glenfield Leicester LE3 8RA Tel: (0116) 305 0030				
LE3 8RA Tel: (0116) 305 0030	Glenf	ield		
	Tol·			

Email: youthoffendingservice@leics.gov.uk