

**BLABY DISTRICT COUNCIL  
VOLUNTEER APPLICATION FORM**

<b>Which area of work are you interested in volunteering for, i.e. youth work, gardening, working with children, office work</b>			
<b>Are you employed at the moment?</b>	<b>Yes/No</b>		
<b>Have you done voluntary work before?</b>	<b>Yes/No</b>		
<b>What experience have you had that you think would be beneficial to your chosen area of volunteering?</b>			
<p><b>What days would you be available to volunteer for work?</b></p> <p>Tuesday <input type="checkbox"/>    Thursday <input type="checkbox"/>    Friday <input type="checkbox"/></p>			
<b>PERSONAL DETAILS</b>			
<b>Your Name</b>			<b>Male / Female</b> (please delete as appropriate)
<b>Address</b>			
<b>Postcode</b>		<b>Age</b>	<b>Date of Birth</b>
<b>Home Phone number</b>		<b>Your Mobile number</b>	
<b>Email address</b>			
<b>Emergency Contact Name</b>		<b>Emergency Contact Number</b>	

**Equal Opportunities**  
(Please Circle appropriate option)

<b>Mixed</b>			<b>White</b>			<b>Other</b>
White & Black	White & Asian	Other	British	Irish	Other	Gypsy Traveller
<b>Asian or Asian British</b>			<b>Black or Black British</b>			<b>Chinese</b>
Indian	Pakistani	Bangladeshi	Other	Black	Black British	Black Other Chinese
<b>Please detail if you have any medical conditions, allergies, learning difficulties and/or disabilities</b>						

**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** .....

**PLEASE RETURN SIGNED FORM TO: Blaby District Council, Health & Leisure Services, Council Offices, Desford Raod, Narborough, LE19 2EP  
or email [leisure@blaby.gov.uk](mailto:leisure@blaby.gov.uk)**