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**EMPLOYER SUPPORTED VOLUNTEERING APPLICATION FORM**

|  |  |
| --- | --- |
| **Personal Information** | |
| Title: |  |
| First Name: |  |
| Last Name: |  |
| Work Email: |  |
| Work Telephone Number: |  |
| Staff Number: |  |
| Department or School: |  |
| Work Address: |  |

|  |  |
| --- | --- |
| **Details of the Volunteering Activity** | |
| Date(s) of Volunteering Activity: |  |
| Description of Volunteering Activity: |  |
| Start and End Time: |  |
| Name of Organisation: |  |
| Contact Name: |  |
| Contact Position: |  |
| Contact Telephone Number: |  |
| Address of Activity: |  |
| Contact Email Address: |  |

|  |  |
| --- | --- |
| **Attached Information (Please Tick)[[1]](#footnote-1)** | |
| Risk Assessment for Activity (Signed and Dated by Host Organisation) |  |

|  |  |
| --- | --- |
| **Line Manager Information** | |
| Name: |  |
| Work Email: |  |
| Work Telephone Number: |  |

For the **Applicant’s** use only:

I can confirm that all the above information is correct to the best of my knowledge and I have read the Employer Supported Volunteer (ESV) Policy.

Signed:…………………………………………………

Print Name:……………………………………………

Date:……………………………………………………

For **Line Manager’s** use only:

I give permission for the above applicant to take part in the requested volunteering activity.

Signed: …………………………………………………

Print Name: ……………………………………………

Date: ……………………………………………………

**VOLUNTEERING ACTIVITY PROVIDER CHECKLIST**

|  |  |
| --- | --- |
| **Contact Details** | |
| Organisation Name: |  |
| Contact Name: |  |
| Contact Position: |  |
| Address: |  |
| Telephone: |  |
| Email address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick the appropriate box to indicate your response:[[2]](#footnote-2)** | | **Yes** | **No** | **N/A** |
| **1** | Do you have a written Health and Safety policy? |  |  |  |
| **2** | Do you have Health and Safety training for people working in your undertaking and will you provide all necessary Health and Safety training for University members of staff? |  |  |  |
| **3** | Do you hold valid Employer and Public Liability Insurance which will cover volunteers? |  |  |  |
| **4** | Do you undertake volunteer induction and training? |  |  |  |
| **5** | Are there formal procedures for reporting and recording accidents and incidents? |  |  |  |
| **6** | Do you have procedures to be followed in the event of serious and imminent danger to people at work in your undertaking? |  |  |  |
| **7** | Do you provide placement volunteers with appropriate supervision? |  |  |  |
| **8** | Is suitable First Aid equipment provided? |  |  |  |
| **9** | Do you have an adequate number of trained First Aiders? |  |  |  |
| **10** | Do you have an Equal Opportunities & Diversity policy? |  |  |  |
| **11** | Do you undertake Disclosure and Barring Service (DBS) checks for volunteers? |  |  |  |
| **12** | Do you have a Child Protection policy and procedures? |  |  |  |
| **13** | Do you have a Vulnerable Adults Policy and procedures? |  |  |  |

In signing this Volunteering Activity Provider Checklist, you are agreeing to:

• provide a full induction and any training necessary for the volunteer role,

• report to the University any sickness involving placement volunteers that may be attributable to the work they undertake for our organisation,

• alert the University immediately of any accidents, injury or damage involving University members of staff,

• provide a named supervisor/contact for the volunteer,

• treat volunteers with respect regardless of protected characteristics,

• implement good Health and Safety practice.

Signed on behalf of the host organisation:

Name:…………………………………………………………

Position:………………………………………………………

Date:……………………………………………………………

**VOLUNTEER LOG AND EVALUATION**

**Please complete and return this log to your line manager following the completion of the voluntary activity, or at the end of every term in the case of ongoing volunteer work.**

|  |  |  |
| --- | --- | --- |
| **Date** | **Activity Undertaken** | **Hours** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

1. **What volunteer work was undertaken and what were the benefits to the organisation or beneficiaries involved?**
2. **Please indicate the learning and development opportunities that you encountered from being part of this volunteering project.**
3. **Please comment on how you found the Employer Supported Volunteering scheme and any ideas you have for how it could be improved.**

**Large Group Projects:**

In the event of a large group project, line managers are required to obtain a risk assessment from the hosting organisation and ensure that every member of staff taking part in the activity has read and signed the risk assessment prior to the event. Line managers should ensure the host organisation has completed the Volunteering Activity Provider Checklist. Health and Safety inductions should be given prior to the activity for all members of staff participating.

1. N.B.: Applicants should raise any concerns with the host organisation regarding the risk assessment prior to submitting their application. [↑](#footnote-ref-1)
2. Note to managers: Managers should assess in consultation with the staff volunteer whether the answers to the above questions are relevant to the suitability of the requested volunteering activity. Normally questions 1-9 should be answered ‘Yes’ before approval is given. [↑](#footnote-ref-2)