**Volunteer Application Form**

At Foxdell Primary School we are committed to safeguarding and promoting the welfare of children and young people and as such expect all staff and volunteers to share this commitment.

All personnel are required to complete a **DBS** prior to commencing voluntary work.

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| **Personal / contact details:** |
| **Name** |  |
| **Address** |  |
| **Date of Birth** |   |
| **Mobile Telephone Number** |  |
| **Home Telephone Number** |  |
| **Email address** |  |
| **Current occupation / study** | □ Work □ Study □ Full time □ Part timeDetails:  |
| **Emergency Contact Details:**Name:Relationship to you:Contact Number: |
| **Preferred age range:**Infants 5-7 yearsJuniors 8-11 years |
| **Referees** *(Please provide the name and contact details of two character referees):* |
| Name: Phone1: Email:Relationship to you: |
| Name: Phone1: Email:Relationship to you: |
| **Additional Information:**  |
| **Qualifications** |  |
| **HEALTH**  | Do you have any health problems or disability of which we should be aware? **No Yes**  |
| **Languages spoken** |  |
| **Other voluntary work** |  |
| **Hobbies / Interests** |  |
| **Please indicate your availabilities in the space below****Monday Tuesday Wednesday Thursday Friday** **Mornings: 9.00-12.00** **Afternoons: 1.15- 3.15****All day** |

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| **Why would you like to take on voluntary work at our school? (Max 200 words)** |
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| **Criminal Convictions**  |
| Do you have any criminal convictions or any pending? Yes/No  |
| If yes, please give details below  |

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| PERSONAL DECLARATION  |
| I hereby apply to become a volunteer with Foxdell Primary School. I agree to abide by all school Health & Safety, Child Protection/Safeguarding policies together with guidelines and risk assessments and understand that I have a responsibility for my own and others Health and Safety while volunteering with the school.  |

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| **Signature** | **Name** | **Date** |
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Please return your completed Application Form to: admin@foxdellprimary.uk