

APPENDIX 1

Volunteer Application Form

This form should be used by anyone wishing to apply for volunteering opportunities only

Personal Details			
Full Name			
Address (including postcode)			
Telephone (including STD code)		Emergency Contact name	
Mobile Phone		Contact telephone (including STD code)	
Email		Contact mobile	
Date of Birth		Photo ID & Address (state what was seen)	

Application information								
Type of volunteering role of interest/position applied for (if specified)								
Your availability (Please tick as appropriate)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Varies
am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe, below, how your experience, skills and knowledge will make you suitable for a volunteering role.								
<i>Please continue on a separate sheet if you wish</i>								

What do you hope to gain from volunteering?

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How did you hear about volunteering with the Academy? ☐

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Declaration of Interest in private enterprise/code of conduct

Volunteers must not allow personal and/or private interests to influence their conduct as volunteers. The Academy requires all volunteer applicants to inform the Head Teacher if they have any current employment and also if they, their partners or close relatives have an interest in a private enterprise. If the academy considers that there is conflict of interest (as a result of the information disclosed) you will not be considered for a volunteer role. Non-disclosure of a possible conflict of interest could also result in any volunteer agreement being terminated. Please detail any such information in the space provided below.

Please continue on a separate sheet if you wish

Please continue on a separate sheet if you wish

Signed		Date	
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Criminal Convictions

I understand that a volunteer role which involves working with children will require me to give details of any criminal convictions I may have. I confirm that I will provide the information requested on the questionnaire given to me at the point of interview and understand that I may be required to apply for a Disclosure and Barring Service check at the appropriate level.

Signed		Date	
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References

If you have been employed in the past five years, at least one reference should be obtained from your last employer. If not, give the names of people who know you well. No referee should be a relative/partner/spouse.

Referee 1		Referee 2	
Name		Name	
Address		Address	
Tel		Tel	
In what capacity do you know referee one?		In what capacity do you know referee two?	

Other Details		
	Yes	No
Do you need a work permit to work in the UK?	<input type="checkbox"/>	<input type="checkbox"/>
Are you related to any Governor?	<input type="checkbox"/>	<input type="checkbox"/>
Are you related to an employee of the Academy?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered 'Yes' to any of the above questions please give full details below.		

Declaration			
<p>I declare that the information I have provided is a complete and true statement. I understand that any offer of volunteer work is conditional on this declaration and if my application is incomplete, untrue, or inaccurate, then the academy shall be entitled to withdraw any offer of volunteer work.</p> <p>I understand that in accordance with the Data Protection Act (1988), I agree that the academy may hold and use personal information about me for volunteering reasons and keep in touch with me. This information, including that contained in this form can be stored on both manual or computer files. It will be held securely and only accessed by authorised personnel.</p>			
Signed			Date

Equal Opportunities Monitoring									
<i>The information in this sector is used only for the purposes of ensuring the effectiveness of our Equal Opportunity Policy, which is available upon request.</i>									
Gender	M	F	Age Group	<20	21- 30	31- 50	51- 60	61- 70	71+
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you describe yourself?									
<i>These categories of ethnic origin are recommended by the Commission for Racial Equality as the most appropriate for monitoring the UK. We recognise that the specific categories may not be appropriate for everyone. If this is the case please use the last box.</i>									

Asian or Asian British

Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Any other Asian background <i>(Please specify):</i>		
Black or Black British		
Black Caribbean <input type="checkbox"/>	Black African <input type="checkbox"/>	
Any other Black Background <i>(Please specify):</i>		
White		
White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	
Any other White Background <i>(Please specify):</i>		
Chinese or other Ethnic Group		
Chinese <input type="checkbox"/>		
Any other Ethnic Background <i>(Please specify):</i>		
Mixed		
Mixed <input type="checkbox"/>		
Do you consider yourself to have a disability/impairment?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify:		
If yes, do you have any particular needs in relation to your disability/impairment?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please discuss these with the Head Teacher		

Do you have any medical condition(s) which may affect your volunteering role?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
I understand that if I have answered 'yes' to the above question I may be required to undergo medical clearance			
Signed		Date	