

Internal use only

Reference no:

Date received:

# Volunteer Application Form

We are committed to safeguarding and promoting the welfare of children and young people and expect all volunteers to share this commitment.

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| Vacancy Job Title | Volunteer  |

Complete the application form in full.

Please note that the school may not be able to accommodate all preferences. Please ensure that you complete **all** sections of the application. Please note that providing false information will result in the application being rejected, and possible referral to the police. Please note that checks may be carried out to verify the contents of your application form. Please complete the form in black ink or type.

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| **Data protection notice** |
| Throughout this form, we ask for some personal data about you. We will only use this data in line with data protection legislation, and process your data for 1 or more of the following reasons permitted in law:* You’ve given us your consent
* We must process it to comply with our legal obligations

Details are kept on the Single Central Record, and this is not shared unless during Ofsted/ Safeguarding audit. Data will be deleted once the volunteer leaves. |

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| **Personal details** |
| **Name:** |  |
| **Gender:****M****F****Prefer not to say** | **Date of Birth:** | **Tel Number:** | **Home Address:** |
| **Next of Kin Name:**  | **Relationship:** | **Contact Details:** |

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| **Disclosure and Barring Service (DBS) information** |
| Kessingland CofE Primary Academy is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts. The enhanced DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that’s considered relevant to the role. Any information that is “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate. Volunteers working in regulated activity will also require a barred list check. Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the school’s volunteer privacy notice. |
| **Do you subscribe to the DBS service?****If yes, what type of check do you have?** |  Yes / NoBasic DBS / Standard DBS / Enhanced DBS / Enhanced DBS with barred list information |
| **The school will need to see your original DBS certificate Do you give consent for access to the update service portal?** | Yes / No  |
| **Date of check:** |  |
| **Certificate number:** |  |

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| **Availability** |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |
| **Before school** |  |  |  |  |  |
| **After school** |  |  |  |  |  |
| **Lunchtimes** |  |  |  |  |  |
| **How many hours per week/month can you volunteer?** |  |
| **Can you commit to at least 1 term?** | YES / NO |

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| **Experience and qualifications** |
| **Do you have experience working as a volunteer, especially with children? If yes, please include details in the box below.** |
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| **Why would you like to volunteer at** Kessingland C of E Primary Academy**?** |
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| **Do you have any particular skills, employment experience or hobbies you would like to share with the school? (For example, languages spoken, sports, scouting, etc.)** |
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| **Do you have any relevant qualifications?** |
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| **References** |
| **Your placement as a volunteer may be subject to satisfactory references. Please give the details of 2 referees who can comment on your suitability (e.g. employers, colleagues, teachers, etc.).** |
| **Name:**  | **Name:** |
| **Relationship to you:** | **Relationship to you:** |
| **Address:** | **Address:** |
| **Telephone number:** | **Telephone number:** |
| **Email address:** | **Email address:** |

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| **Disability and accessibility** |
| Kessingland C of E Primary Academy is committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatmentIf you have a disability or impairment, and would like us to make adjustments or arrangements to assist you, please state the arrangements you require: |