

**Academy Volunteer Application Form**

This academy can offer three different types of volunteering opportunities: Those who volunteer weekly (for example reading volunteers); those who are willing to be called on to give one off help (such as to accompany a school trip) and those who volunteer occasionally (for specific projects in which you have a particular skill or knowledge).

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

Please ensure that you complete allsections of the form. Please note that providing false information will result in the form being rejected. Please note that checks may be carried out to verify the contents of your form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | (Mr/Mrs/Miss/Ms/Mx) | | | |
| Address |  | | | |
| Postcode |  | | | |
| Telephone Number | Home: Mobile: | | | |
| Academy you wish to volunteer at | |  | | |
| Do you hold an Enhanced DBS Certificate? (delete as appropriate) | | | **YES / NO** | |
| If **YES,** DBS Certificate No. and date issued | |  | | |
| Are there any reasonable working adjustments you would need us to make to accommodate your health? (delete as appropriate) | | | **YES / NO** | |
| If **YES** please give details |  | | | |
| **Emergency Contact** - in the event of illness/accident whilst in school, whom you would want us to contact? | | | | |
| Name |  | | | |
| Address |  | | | |
| Telephone Number | Home: Mobile: | | | |
| Relationship | (e.g. Spouse, Partner, Parent) | | | |
| Training, please give any relevant details |  | | | |
| **What kind of support would you be willing to give?**  (Eg an afternoon hearing 1:1 readers/ admin time to support a class teacher/ maths games with a small group of children/Early Years support/In class support) | | | | |
| **Do you have a preferred age range you would like to volunteer with?**  (Please note that regular volunteers will not be placed in a year group where they have a  child)    Early Years Key Stage One Key Stage Two Don’t mind | | | | |
| **Weekly volunteering**  Please note that all volunteers working in the school on a regular basis will need a DBS certificate\*. This is organised and paid for by the school and will require you to complete an online form and bring in proof of ID. | | | | |
| **Your availability:** (Please circle all the times which you are available)  Mon Tues Weds Thurs Fri  AM/PM AM/PM AM/PM AM/PM AM/PM | | | | **Preferred hours:** (Eg, 10 to 12) |
| **Volunteer Reserves**  Please note that all volunteers working with children/in school occasionally will need to be List 99 checked\*\* – you may have already completed this as part of your child’s initial enrolment paperwork. | | | | |
| **What kind of support would you be willing to give?**  (Please tick all that apply)  Accompanying different classes on trips in the event that there are insufficient parent helpers available    Taking down a display and putting up new backing paper/mounting work.    Helping with one off admin tasks (such as sorting new reading books) | | | | |

# DECLARATION

I declare that to the best of my knowledge and belief, the above answers are true.

I also understand that DNEAT is permitted to hold personal information about me as identified on this form, as part of its personnel records and safeguarding procedures and may disclose such information to third parties as part of safeguarding process. This applies to information held, used or disclosed in any medium.

Signature:

Date

# Reference request information

|  |  |
| --- | --- |
| Please give details of two referees, one of whom should be your most recent employer (if applicable). If you are in, or have just completed full-time education, one referee should be from your school, college or university.  Referees must not be related to you, or writing solely in the capacity of a friend, and must be able to comment on your skills and abilities in relation to being a volunteer. | |
| Name: | Name: |
| Address: | Address: |
| Tel No. | Tel No. |
| Email: | Email: |
| Occupation/ Relationship: | Occupation/ Relationship: |
| How long have they known you? | How long have they known you? |

\* DBS clearance (Disclosure and Barring Service) allows organisations to gain access to criminal records in order to safeguard children and vulnerable adults from individuals who may be unsuitable. Schools are designated ‘regulated activity providers’ and it is a legal requirement that adults in regular contact with the children are subject to an enhanced DBS check. This will disclose to the school any offences on your record, even if they have been spent. Depending on the nature and timing of the offence, this may not necessarily prevent you from working in school. \*\* List 99 is a list of people who are barred from working with children by the

Department of Education. The List is maintained by the Children's Safeguards Unit (part of the Department of Education) and contains the names

OFFICIAL USE ONLY

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Photo ID Type |  | | | | Verified by | |  | | |  | | Date |  |
| If DBS Application required evidence checked | | | | | |  | | | |  | | | |
| Evidence checked by whom | | |  | | | | | | Date |  | | | |
| Date new DBS  issued | |  | | | | New DBS  No. | |  | |  | | | |
| Does DBS included a Barred List Check | | | | **YES / NO** | | | | | |  | | | |
| New DBS checked by whom | | | |  | | | | | |  | Date | |  |
| Childcare Disqualification Check ~ has a Self-Declaration Form been completed | | | | | | | | | |  | **YES / NO** | | |
| Date of last completed Self Declaration Form | | | | | | | | | |  |  | | |

Signed off by:

Position: