

Volunteer Application Form

Please complete <u>all</u> sections of this form and return to the school office

Part A: Personal Details				
Family Name/ Surname		Previous Name(s)		
Known Name: (If different from Forename)		Forename(s)		
Preferred Title (Eg. Mr, Mrs, Miss, Ms, Dr)		Preferred Contact Telephone Number		
Current Address (Please include Postcode)		Alternative Telephone Number		
Name & Contact Details of Next of Kin (Relationship to you, telephone number & email Address where possible)		Email Address-an email address is essential to process a DBS Application		
Date of Birth (See note* below)		Do you have any medical needs we need to be aware of/ e.g. epilepsy, allergies?		
*Date of birth need only be disclosed if the post involves working with children or vulnerable adults				
Part B: Present (or most recent) Employer				
Name and Address of				

Name and Address of Current Employer				
Job Title				
Please give details of your main tasks and responsibilities – and, if applicable, your reason for leaving				
Are you involved in any other work, interests or hobbies, which could be perceived as in conflict with the				
work and safeguarding of children and young people?				
Yes No Prefer not to answer If yes, (or you are unsure) please provide details:				
yes, (or you	are unsure, preuse provide details.			

Part C: Overseas History

overseas for a major proportion of your life					
Location	Dates From/To (MM/YY)	Purpose of visit	Reason for Leaving		
Part D: Availability					
A: For how long are you able					
commitment. If you able to p		for X days/weeks only etc.) The below)	is is an estimate and not a		
B: What dates have you bee	n asked/are you able to v	volunteer from – to?			
I have been given – or can pro	ovide a start date:	Yes No No			
If Yes, please provide start	date:				
I have been given – or can provide an end date: Yes No					
If Yes, please provide end date:					
I can work open-endedly for the foreseeable future Yes					
What days and hours are you available to volunteer? Please state them below:					
	Morning (from-to)	Afternoon (from-to)	Evening (from-to)		
Monday Tuesday					
Wednesday					
Thursday					
Friday					
C: I am only available /interested in volunteering at on one-off event or trip Yes No					
Date of Trip (if known)					
D: Why do you want to work with children?					
E. Please indicate what kind of work you are volunteering for					
e.g. listen to readers, display work, administration, crafts					

Part E: Personal Statement Do you have any support needs that the School should be aware of? **Part F: Supplementary Information** Positive About Disability: We welcome applications from people with disabilities. Wherever possible we will make reasonable adjustments to enable a person with a disability to access the application and appointment process fairly. Disclosure of Criminal Offences: The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as 'spent' Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs since the age of 17 years, that are not 'spent': Where a voluntary role highlights that the post requires a Disclosure Certificate*, the Rehabilitation of Offenders Act does not apply in this case. Therefore, please give details, including dates and places, of any 'spent' convictions, cautions and bind-overs. Please also detail if you are on List 99, the PoCA List, disqualified from working with children or vulnerable adults or subject to sanctions imposed by a regulatory body such as the General Teaching Council or General Social Care Council: *The Police Act 1997 (Criminal Records) Regulations 2002 defines a Volunteer as 'a person who is engaged in an activity, which involves spending time, unpaid (except for travel and other approved out-of-pocket expenses) doing something which aims to benefit some third party other than or in addition to a close relative'

Part G: References and Declarations

References: Please provide th	e names of	two <u>professional</u>	referees, bot	th of whom can writ	e with a	uthority a	bout your
performance, abilities and cor	•		•		•		•
volunteering to work alongsid					•		
employer. If this post has not		_					
previous employer must be gi	ven as your	second referee.	This applies 6	even if you have dor	ne other	work in b	etween.
Name of first referee				_			
Job Title of Referee				Name of organisa	tion		
Address (Including Postcode)				Professional emai	I		
				address if availab	le		
Daytime telephone number				Relationship to yo supervisor, tutor)	ou (eg		
Dates of your employment		From: /	To:	/			
Name of second referee							
Job Title of Referee				Name of organisa	tion		
Address (Including Postcode)				Professional emai			
Daytime telephone number				Relationship to yo supervisor, tutor)	ou (eg		
Dates of your employment		From: /	To:	/			
Do you have family or close re	elationships	,		n an aspect of the r	ecruitme	ent proces	s or with
Preston Primary Academy Tru	•	•		•		•	
Yes No No		•				•	
If yes, give name:			Position:		Relatio	nship:	
DATA PROTECTION ACT 1998		processed for an	nrn o.coc ro	aistarad by Drastan	Drimon	, A sa da ma	. Truct
Information from this applicate under data protection legislate	-	-		-			
be disclosed to those persons		•					
candidates will be retained or							
unsuccessful applicants is des							
where there is a legal obligation	-			-		-	
County Council.							
Declaration							
I confirm that I am entitled to live and work in the United Kingdom							
I am willing for this data to be held and processed by Preston Primary Academy Trust and to be verified with							
relevant third parties. This may include previous employers.							
The information on this form is accurate. I understand that providing false information or the exclusion of							
relevant information for the purposes of safeguarding young people may lead to my application being disallowed or should I be appointed my Volunteer agreement being terminated and, where appropriate							
referred to the police		ed my volunteer	agreement b	eing terminated and	a, wnere	appropri	ate
referred to the police.							
The Governing Body is committed to safeguarding and promoting the welfare of children and young people and							
expects all staff and volunteers to share this commitment.							
The school requires all volunteers working on a regular basis to complete an application form for an enhanced DBS							
form.		3	•				
Signature: Date:							

Availability for Safeguarding Training					
 To assist both candidates and the school, it would be helpful if you could please indicate below any dates/time you are unavailable for induction/training If you are flexible, please indicate your preferred times – mornings or afternoons and we will do our best to accommodate 					
Dates/times I am NOT available for induction/ training					
I am flexible	Yes No No	Mornings/ Afternoons			
May we take this opportunity of thanking you for your interest in Preston Primary Academy Trust					
Office use only:					
DBS (including identity check) Overseas checks required Right to Work in the UK Child disqualification questionnaire completed Reference one verified Reference two verified					
Volunteer Induction:					
Confidentiality Stateme	ital Technology Acceptable Use Point int int (and supporting documents)	olicy 🗌			