**VOLUNTEER APPLICATION FORM**

The River School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Please complete this form in black ink or typescript. Please complete all sections of the form, inserting ‘not applicable’ in any sections which do not apply to you.

**POSITION APPLIED FOR**: Volunteer

**PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Title: | Forenames: | Surname: |
| Maiden name (or any previous surname): |
| Date of birth: | Place of birth: |
| Address:Postcode: |
| Telephone (Home): | Telephone (Mobile): |
| Email: |

**NEXT OF KIN**

|  |  |
| --- | --- |
| Title: | Name: |
| Contact number: | Relationship to you (e.g. husband): |

**RELEVANT QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Qualification Title | Award/Grade | Date ofQualification |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please continue on an additional sheet if necessary.

**CURRENT/PREVIOUS EMPLOYMENT**

Please give a complete record of all employment since leaving secondary education, including any gaps (e.g unemployment, training, illness etc.) beginning with your current/most recent employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | DatesFrom - To | Job Title and Responsibilities | Reason for leaving employment |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please continue on an additional sheet if necessary.

**EMPLOYMENT GAPS** (e.g. unemployment/parental leave)

|  |  |  |
| --- | --- | --- |
| Reason | Date from | Date to |
|  |  |  |
|  |  |  |

**HEALTH**

|  |
| --- |
| Do you consider yourself in good health? Yes [ ]  No [ ]  |
| Do you have a health condition or disability that you think it would be helpful for us to be aware of? Yes [ ]  No [ ]  |
| Details: |

**OTHER RELEVANT TRAINING/EXPERIENCE**

**CHURCH AFFILIATION**

**SUPPORTING STATEMENT –** Please reflect on why you would be suitable for this role; the statement does not need to be long. This may alternatively be completed in the form of an accompanying letter if you would prefer.

**DISCLOSURE AND BARRING SERVICE**

|  |
| --- |
| Do you have a DBS Certificate in your current role? Yes [ ]  No [ ]  |
| DBS number (most recent): |
| Are you signed up to the DBS Update Service? Yes [ ]  No [ ]  |
| Do you have a criminal record? Yes [ ]  No [ ]  |

If yes, please give details to include cautions, reprimands and final warnings as well as convictions in a separate sealed envelope which will be opened only if you are shortlisted for interview.

**Rehabilitation of Offenders Act (1974)**

In accordance with the Rehabilitation of Offenders Act 1974, for the purpose of Child Protection, all applicants offered employment, or taken on as a volunteer will be subject to a DBS check from the Disclosing and Barring Service before the appointment is confirmed.

**Data Protection**

The information comprising your application will be stored as hard copy. Some information will also be stored electronically. The information will be used in the selection process and administration of any subsequent appointment subject to the Data Protection Act 1998.

All volunteering is conditional to satisfactory DBS certificate, checks and references. This position may be classed as a regulated activity. In submitting this application, you are agreeing for The River School to complete a barring check, online search and any other relevant checks.

**REFERENCES**

|  |  |
| --- | --- |
| 1. | 2. |
| Name |  | Name |  |
| Status |  | Status |  |
| Address |  | Address |  |
| Email |  | Email |  |
| Telephone No. |  | Telephone No. |  |

In completing this form, you consent to being contacted by The River School in relation to this application, via the details you have provided. If you are offered, and take up, a voluntary position at The River School then the information you provide on this form will be used to create your staff record. Unsuccessful applications will be held for up to 6 months after a decision has been made and then securely disposed of.

I certify that all the information given is true and complete; everything relevant has been included. (Please note that providing false information is an offence and could result in this application being rejected, or summary dismissal (if selection has occurred) and possible referral to the police.)

|  |  |
| --- | --- |
| Signature:  | Date:  |

**PLEASE RETURN YOUR COMPLETED APPLICATION TO**

Miss Parsonage, The River School Office, Oakfield House, Droitwich Road,

Worcester. WR3 7ST.

Email: lparsonage@riverschool.co.uk