Volunteer Application Form

First Name:	Surname:
Home Address:	
Telephone No (Day):	Telephone Number (Evening):
Email Address:	
Next of Kin: Name:	Telephone number:

Why would you like to volunteer at Rodborough?
Previous experience/skills that would be relevant to volunteering at Rodborough?
Any other relevant information
Do you have any connections to pupils or staff at Rodborough? If yes, please give details

Days/Hours available:

Monday	Tuesday	Wednesday	Thursday	Friday

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)

Reception Key Stage One Key Stage Two Don't mind

What kind of support would you be willing to give?
(please tick all that apply)

- ☐ **Accompanying different classes on trips**
- ☐ **Classroom assistance i.e. listening to children read/practising mental maths fluency**
- ☐ **Work Experience/Student Placements**
- ☐ **Regular weekly volunteer sessions (day/time by agreement)**

References
Please supply the name and address of two referees who know you well. This may be a previous or current employer, neighbour, church member, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

Name	Relationship to Referee	Position	Address	Telephone Number	Email

Agreement

Please sign to confirm that the details contained in this form are a true reflection of the discussion.

Signed by Volunteer:	Date:

For official Use Only:
Sent to DBS: ___/___/___ ID Received: ___/___/___ DBS Received: ___/___/___

Notes:

Induction meeting taken place:
Volunteer Agreement Signed: