

**Volunteer Application Form**

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| **Volunteer role:** |       |
| **Personal Details**  |
| Title: |       |
| Surname: |       |
| Forename(s): |       |
| Known as (if different from above): |       |
| Address: |    |
| Postcode: |       |
| Home telephone number: |       |
| Mobile telephone number: |       |
| Email address:  |       |
| Are you related to an existing employee or Governor of RNC? Please state name and relationship: |    |
| This is to ensure that, the individuals involved are protected from allegations such as propriety, bias, or conflict of interest on any subsequent appointment. |

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| **Application details:**  |
| Please indicate your availability by highlighting the text: Any amount of time you give is valuable to us |  Monday - AM PM Evening Tuesday - AM PM Evening Wednesday - AM PM Evening Thursday - AM PM Evening Friday - AM PM Evening Saturday - AM PM Evening Sunday - AM PM Evening |
| Please indicate your preferred area for volunteering by highlighting the text: |  Classroom support Sport  Reading and/or scribing for exams One to one student support / Sighted Guide Social / Recreational Activities Driving Fundraising events Gardening Other – please specify |
| **Supporting Statement**  |
| Please state why you wish to become a volunteer and provide details of skills, knowledge and experience, or hobbies that you would like to share with our students:Please continue on a separate sheet if necessary.  |
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| **References**  |
| Please provide details of two referees who are in a position to provide relevant comment on your performance, one of which must be your most recent employer. If you have just completed full-time education, the details of the Head Teacher should be provided. If you have neither worked nor studied recently, please provide two independent character referees outside of your family.  |
| **Referee 1**  |
| Name: |       |
| Position: |       |
| Business address: |       |
| Email address: |       |
| Telephone no.:  |       |
| **Referee 2**  |
| Name: |       |
| Position: |       |
| Business address: |       |
| Email address: |       |
| Telephone no.:  |       |

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| **Emergency contact** |

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| Name: |  |
| Relationship: |  |
| Contact phone number: |  |
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| RNC is committed to safeguarding and promotes the welfare of all learners and staff. The Rehabilitation of Offenders Act 1974 does not apply to this post. You must therefore declare ALL convictions, cautions and warnings regardless of the date or severity of the offence. **All volunteer roles are subject to an enhanced Disclosure & Barring Service check**.  |
| Do you have a criminal record? |       |

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| **Declaration** |
| I declare that the information I am giving in this application is accurate and true. I understand that providing misleading or false information may disqualify me from appointment or may result in my dismissal, once appointed, and referral to the police and/or the DBS. |
| Applicant’s signature: |  |
| Date: |       |