**VOLUNTEER APPLICATION FORM –FOR NEW VOLUNTEER**

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| --- | --- |
| **Name of Volunteer:** |  |
| **Date of Birth** |  |
| **Address:** |  |
| **Contact number:**  |  |
| **What volunteering role would you like to apply for?**Please tick the appropriate role*You may tick more than one box*  |

|  |  |
| --- | --- |
|  | Class based support  |
|  | Support at Friends of Pinner Wood events  |
|  | Support at parent workshops and meetings  |
|  | School trips  |
|  | Other one off volunteer opportunities  |

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| **Do you have any children/relatives in the school?** Please list their full name and class  |  |
| **Do you have any disabilities/other needs we need to take into account or adjustments we need to make to allow you to work as a Volunteer in school? (Please give details)**  |  |
| **Any other information you feel that is relevant for this position?**(skills, interests, hobbies,)  |  |

Thank you for taking time to complete this Volunteer Application Form

 Please hand it to the School Office, marked for the attention of the Head teacher. Your offer of help is greatly appreciated and we will be in touch as soon as possible.

We promise to keep all the information you share with us in this form confidential in accordance with our privacy policy. We only collect personal information to process the application.

**APPENDIX 2 VOLUNTEER AGREEMENT**

Thank you for offering your services as a volunteer at school.

 Your offer of help is greatly appreciated and we hope that you will gain much from your experience.

 Please read and sign this Volunteer Agreement Sheet and hand it in at school.

 You will receive a copy of it for your records.

* I will follow the Pinner Wood Child Protection and Safeguarding Policy
* I have received a copy of the School’s Volunteer Policy
* I agree to support the School’s Aims
* I will follow the Visitors Code of Conduct
* I agree to treat information obtained from being a Volunteer in School as Strictly Confidential
* I understand that an enhanced Disclosure and Barring Service (DBS) check will be undertaken
* If you already have a DBS Certificate, please hand it to the school, the number will be recorded and checks made with the issuing body. A new enhanced DBS check must be undertaken.
* I have been made aware of who is my designated supervisor e.g. Class Teacher, Year Teacher, Head of Department
* I agree to follow the Online Safety Policy

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_