Appendix 1

# Volunteer Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| **Postcode:** |  | **Telephone:** |  |
| **Address:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **If you answered ‘yes’ to the above, please fill out the table below:** | | | |
| **Name of educational school/college/university:** |  | **Postcode:** |  |
| **Address:** |  | | |
| **Course details:** |  | | |
| **Qualification:** |  | **Length of course:** |  |
| **Link tutor:** |  | **Telephone:** |  |

|  |  |
| --- | --- |
| **Is your application in connection to an educational course? (please circle)** | **Yes/No** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please fill out the below, providing accurate details of when and how long you are available for:** | | | |
| **I wish to work on the following school days (please tick):**   * **Monday** * **Tuesday** * **Wednesday** * **Thursday** * **Friday** | | | **I wish to work (please tick):**   * **A full day** (school hours) * **Mornings** * **Afternoons** |
| Please list any other requirements in terms of availability (e.g. specific times) | | | |
|  | | | |
| **Please insert name and contact details (preferably email address as well) of 2 referees below:** | | | |
| **Name:**  **Contact Tel Number:**  **Email Address:**  **Capacity in which known to you:** | | **Name:**  **Contact Tel Number:**  **Email Address:**  **Capacity in which known to you:** | |
|  | | | |
| **If accepted, I understand that I will need to attend an induction meeting and will need to be aware of, and follow, all school policies.** | | | |
| **Signature of Volunteer:** |  | | |
| **Date:** |  | | |