

LINGFIELD PRIMARY SCHOOL

VOLUNTEER APPLICATION FORM

Personal details							
Title: Surname/Family Name:							
First Name(s):							
Address:							
Postcode:							
Telephone (Daytime):			(Mobile):				
Email address:							
Availahilitu							
Availability Please indicate how much time each week you feel able to volunteer for and any preferred days/times below:							
Totally Flexible (tick box) OR:							
	Monday	Tuesday	Wednesday	Thursday	Friday		
Morning							
Afternoon							
After School							
		Qualification	ns / training				
Please give details of any qualifications or training relevant to volunteering in a school/academy e.g. first aid What type of activities would you like to help with?							
The type of definition from you mit to hop than							

Supporting	Statement				
Please tell us why you are applying for voluntary work at our academy? Include any skills or experience you bring to the role, your motivation for wanting to work with children or young people and what you want to achieve from volunteering. Please use a separate sheet if necessary					
Are there any particular age groups you would like to					
help with?					
Refere	ences				
Please give details for two referees who have known you for a minimum of two years (not relatives). At least one of the referees should have known you in a professional capacity, if possible (eg employer, tutor, colleague, etc.)					
Reference 1:					
Name:	Job Title:				
Organisation:					
Address:					
	Postcode:				
Email:	Telephone:				
Relationship to you:					
Reference 2:					
Name:	Job Title:				
Organisation:					
Address:					

Additional Information					
Are you eligible to work in the UK?	Yes 🗌 No 🗌				
Have you lived or worked outside of the UK for longer than 6 months in the last 5 years? Yes ☐ No ☐					
Posto	code:				
Email:	Telephone:				
Relationship to you:					
Protection of your data, consent and declaration					
All of the information collected in this form is required in order to process your application as a volunteer and it will be retained for personnel management purposes and stored safely and securely. Information on this form may be checked with the appropriate bodies to ensure accuracy i.e. referee's, previous employment. I give my permission for Lingfield Primary School to request references from the referees I have provided on this form.					
By submitting this application and any supplementary evidence, I am agreeing that the information given is true and correct to the best of my knowledge and belief. I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected. I have read and consent to my personal data on this form being held and utilised by Lingfield Primary School for the purposes of personnel management.					
I acknowledge that it is my responsibility as the applicant, if invited for interview, to disclose information to the panel which may affect my suitability and/or eligibility to work with children and /or vulnerable adults. I understand that volunteering in the academy is subject to satisfactory safeguarding checks including but not limited to: verification of ID; references; right to work check; and dependent on the supervision and activity, an Enhanced DBS with Barred List check may be required.					
Signed: Date					

Please hand this completed form to the academy office, marked for the attention of the Headteacher (or nominated person). We will be in touch as soon as possible.