

**Harrington Hill Primary School**

 **Address: Mount Pleasant Lane, London E5 9JG | Telephone: 0208 806 7275**

**Email: admin@harringtonhill.hackney.sch.uk | Website: www.harringtonhill.hackney.sch.uk**

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| **Volunteer Application Form** |

Please complete the form in full.

Please note that checks may be carried out to verify the contents of your application form.

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| **Personal Information** |
| **Title** |  |
| **Surname**  |  |
| **All forenames** |  |
| **Current Address** |  |
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|  |
| **Post Code** |  |
| **Home telephone number** |  |
| **Mobile telephone number** |  |
| **Date of Birth** |  |
| **Email address** |  |
| **National Insurance No.** |  |
| **Have you ever been barred or restricted from working with or been subject to an investigation involving children** | * **Yes**
* **No**

**If Yes, give details separately under confidential cover** |
| **Are you related to or have a** **close personal relationship with any, employee or governor?** | * **Yes**
* **No**

**If yes, please provide details**  |
| **If applying as a parent/guardian volunteer please provide details of children in school.** | **Names:** | **Classes:** |
| **Please provide details if you are related to or have a close personal relationship with any student currently at this school** |  |

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| **Reason for Volunteering in school** |
| **Please provide a reason why you wish to volunteer. If this is related to a course of study please give details of the course, which college and for what period of time you need to volunteer** |
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| **Relevant Qualifications (eg first aider)** |
| **School/College/Training Provider** | **Date** | **Qualification** |
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| **Availability/Requirement** |
| Please indicate below the days of the week and times you would like to or are required to volunteer |
| **Day** | **Times available/required** |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |
| **Please indicate the type of volunteer duties you anticipate undertaking:** |  |

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| **Other relevant experience, interests and skills** |
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| **Referees** |

Please provide names and contact details of 2 referees who may be approached with regard to your suitability to carry out volunteer work with children and young people. Please note that we will accept character references where employment references are not available.

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| **Title and Name** |  |
| **Address and** **Postal Code** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Job Title** |  |
| **Relationship to applicant** |  |

|  |  |
| --- | --- |
| **Title and Name** |  |
| **Address and** **Postal Code** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Job Title** |  |
| **Relationship to applicant** |  |

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| **Declaration** |

I certify that, to the best of my knowledge and belief, all particulars included in my application are correct.

I understand and accept that the information I have provided may be used to carry out checks to verify the contents of my application form.

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| **Signature** |  |
| **Print your name** |  |
| **Signature** |  | **Date** |  |

***Volunteers will also be subject to a satisfactory enhanced DBS clearance (formally CRB) and may be asked to attend a short informal interview.***