**Volunteer Application Form**

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| First Name : | Surname : |
| Home Address : |
| Telephone No. (Day) : | Telephone Number (Evening) : |
| Email Address : |  |

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| Why would you like to volunteer at Springwood? |
| Would you be available to assist with swimming lessons? (please state if you could go in the pool or only available to spot). |
| Previous experience/skills that would be relevant to volunteering at Springwood (paid or unpaid)  |
| Any other relevant information |
| Do you have any connections to pupils or staff at Springwood? If yes, please give details |
| Days/Hours available : |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

Please note that not all volunteer applications will be successful. Springwood Primary School values all help and support from the wider community if you are not successful at the time please feel free to apply again in the future.

**References**

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

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| --- | --- | --- | --- | --- | --- |
| Name | Relationship To Referee | Position | Address | Telephone Number | Email |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Agreement**

Please sign to confirm that the details contained in this form are a true reflection of the discussion.

|  |  |
| --- | --- |
| Signed by Volunteer : | Date : |

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| For Official Use Only : Sent to DBS : \_\_\_/\_\_\_/\_\_\_ ID Received : \_\_\_\_/\_\_\_\_/\_\_\_\_ Received : \_\_\_\_/\_\_\_\_/\_\_\_\_ Details passed to Volunteer Co-Ordinator : \_\_\_\_/\_\_\_\_/\_\_\_Approve / Not Approved / QueryNotes :  |