**Volunteer Application Form**

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| --- | --- |
| Your name: |  |
| Other names you are known by: |  |
| Your address: |  |
| Mobile phone number: |  |
| Name of child in the school (if applicable) |  |
| Which volunteer vacancy are you interested in? |  |
| Have you had previous volunteer experience? If so, please give details. |  |
| What skills do you have that would be useful in working with children and young people with special needs? |  |
| Which days of the week or hours would you like to volunteer? |  |
| Are there any particular age groups you would like to work with? |  |
| Do you have any disabilities/ other needs that we need to take into account? If so, please give details. |  |

Please provide the names of two referees who will be able to support your application

|  |  |  |
| --- | --- | --- |
| **Name of referee** | **Email/ Contact number** | **In what capacity are they known to you?** |
|  |  |  |
|  |  |  |

**I have read the Safeguarding Policy and the Volunteer Code of Conduct. I will adhere to these policies and procedures.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this Volunteer Application Form, your offer of help is appreciated and we will be in touch shortly.