

## **Volunteer Application Form**

Thank you for expressing an interest in Volunteering at our school. Volunteers play an important role supporting our children's education, our diversity, and community engagement. As a professional colleague, you will be valued, and be held to the same Code of Conduct, as our employed staff, and we very much hope that you find your contribution to our school and our children rewarding and enjoyable.

You will be required to undertake some safeguarding training to support your role in our school.

Please visit our school website for further information, our Code of Conduct and Policies, including Safeguarding & Child Protection, Whistleblowing, Social Media and others, which can be found at the following link: <a href="http://phoenixstpeter.ovw10.devwebsite.co.uk/page/?title=Policies&pid=19">http://phoenixstpeter.ovw10.devwebsite.co.uk/page/?title=Policies&pid=19</a>

Our school's core values are:

**Aspiration** 

PERSONAL DETAILS:			
Full Name:			
Previous Name(s):	/ V /		
Date of Birth:			
Place of Birth:	//	Country:	
Home Telephone Number:			[ ] -
Mobile Telephone Number:			
Full Address:			7
OVERSEAS RESIDENCY & PROFESSION:			
Please give details of any 6+ months, consecutive period spent overseas, in the last 10 years:	D. K		,
What is your current profession?			Retired
Why do you wish to Volunteer at our school?			
If your are currently studying an educational course, please provide:	The course Provider:	The course name:	Brief description of the course:



REASON FOR VOLUNTERING:					
Why would you like to volunteer at ou	ur				
school particularly?					
Which Year Group are you interested	Early Years	KS1	LKS2	UKS2	
in working with?	(Reception)	Years 1 & 2	Years 3 & 4	Years 5 & 6	
Do you have any Children or Relatives					
that attend or work at our school?					
Please provide details:					
~ 7 / / /					
HEALTH & ACCESSIBILITY:					
Do you have a disability which we ma	y need to <mark>make</mark>	adjustments for?	lf, Yes please pr	ovide details:	
3 1111					
	- V '				
Do you have a Medical or Health condition which we should be aware of? If Yes, please provide details:					
13	// /				
REFERENCES:					
Please provide us with two referees who hav	e known you for at	least 2 years. One sh	ould be from your	current or most recent	
employer, and one from someone who kno	ws your profession			t a friend or relative.	
Referee Name (1):		Referee Name (2)			
	7	- TK	, ( )		
Address:		Address:			
7	41				
Profession:	_	Profession:			
Telephone Number:		Telephone Numb	er:		
Email Address:		Email Address:			





SAFEGUARDING						
REAch2 and Phoenix St. Peter Academy are co people, and expects all Staff, Students and Vol declaration of criminal record. A satisfactory En	lunteers to share this commitm	ent. We will ask everyone to complete a self-				
Do you have a criminal conviction, or any pending?	YES / NO	If Yes, please provide details in a sealed envelope with this application (a prior or pending criminal conviction may not prevent you from Volunteering, but failure to disclose relevant information may result in an unsuccessful application.				
IT IS ILLEGAL FOR ANYONE WHO IS BARRED FROM WORKING WITH CHILDREN TO APPLY FOR, OR WORK / VOLUNTEER TO UNDERTAKE REGULATED ACTIVITY. PHOENIX ST. PETER ACADEMY HAS ROBUST SAFEGUARDING PRACTICES.						
In signing this Application Form you are consenting to your personal information (including recruitment monitoring data) provided as part of this application to be held on our computer or other filing systems, and to be shared with other accredited organisations, or agencies in accordance with the General Data Protection Act 2018.						
DECLARATION:						
Signed:	Date:					

Please return this form to the School Office and present the following documents to enable us to carry out your Enhance/Standard DBS Check:

- 1. Your original Passport
- 2. Your original Photo Driving Licence
- 3. An original Bank or Utility Statement, in your name, not more than 3 months old

