**NEW VOLUNTEER FORM**

| **Full Address** *(including post code)*:**Contact telephone no.:** **Email:**  |
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| **Forename** *(no abbreviations or nicknames)*:**Surname**:  **Date of birth:** **Marital status**: **Gender**: Male / Female / Non binary **Preferred pronouns**: **Dietary requirements** (e.g. vegetarian, vegan, gluten free, etc.):**Please state any disability or medical condition we should be aware of** *(continue on a separate sheet if needed)*: |
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| **Availability:** Please circle your availability for volunteering and specify hours of availability where appropriate |
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| Monday | Daytime | Evening |
| Tuesday | Daytime | Evening |
| Wednesday | Daytime | Evening |
| Thursday | Daytime | Evening |
| Friday | Daytime | Evening |
| Weekends | Daytime | Evening |
| **Start date**:  |

| **Qualifications / training / skills / experience**Please enter details of any qualifications, training, skills and/or experience you have gained which are relevant to working in this role with children and young *(continue on a separate sheet if needed)*: |
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| **References**Please provide below information on two responsible people who have agreed to act as a referee for you. Referees should not be related to you and, where possible, should have knowledge of your ability to support children and young people. All references will be taken up. |
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| **Reference 1**Name: Address:Post code:Telephone no.:Email: | **Reference 2**Name: Address:Post code:Telephone no.:Email: |

| **Emergency Contact:**Name:Relationship:Telephone no.: Email:  |
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| **DBS checklist**:DBS update service: Yes / No (*delete as applicable*)If yes, DBS number: Checked by (*print name*): Date checked:If no, date DBS process started: By whom (*print name*):ID verification seen:By whom (*print name*): Date: |
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