

## Crookham CE (A) Infant School VOLUNTEER AGREEMENT

Thank you for offering your services as a Volunteer at Crookham CE (A) Infant School. Your offer of help is greatly appreciated and we hope that you will gain much from your experience here.

I confirm that:

- I have received a copy of the School's Volunteer Policy and off-site volunteer agreement
- I agree to treat information I learn from being a Volunteer in School as Confidential
- I understand that I am required to undergo a DBS check

If you already have an enhanced disclosure DBS Certificate which has been issued by a Hampshire child-related organisation within the last three years, please hand it to the school for inspection. In accordance with Data Protection legislation, only the number and date will be noted in our records.

To apply for a new DBS check, please provide your email address below to receive the on-line application.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### VOLUNTEER INFORMATION

Full name	
Place and Date of Birth:	
Other names known by (including maiden name):	
Address:	
Email address:	
Phone:	
Please provide details of any time you have lived abroad (excluding forces postings).	
What skills / areas would you like to help with in school?	
Are there any particular age groups / classes you would like to work with?	
Do you have any disabilities / other needs we need to take into account when Working as a Volunteer in school?	

## Employment History

Employer's name and type of business	Post held	Date				Reason for leaving
		From Month	Year	To Month	Year	

Please give details below of two referees who can provide information that will confirm your suitability for working in our school. These need to be from previous positions that you have held, or where you have volunteered or where you have worked with children. These cannot be relatives or members of school staff.

### Referee

Title:	Name:	Capacity known
Address		
Postcode		
Daytime tel no.	Email	

### Referee

Title:	Name:	Capacity known
Address		
Postcode		
Daytime tel no.	Email	

Please return this form to the school office with two forms of ID, one to include evidence of your birth place and one to prove your current address.

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For Office use only:

Original DBS Certificate Date seen:	Certificate number:	Date:
Photo ID: Copy to be taken To prove address:	Type	Date seen
To prove birth date		