

## VOLUNTEER RECORD FORM

Personal Information	
<b>Name :</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Tel No:</b>	<b>Mobile:</b>
<b>e-mail address:</b>	
<b>Date of birth:</b>	

Emergency contact details	
Please give details of someone we may contact in an emergency:	
<b>Name:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Tel No:</b>	<b>Mobile:</b>
<b>What is your relation to this person?</b>	

### Support and health needs

Please tick the relevant boxes:

**Do you have a disability or extra support needs?**

Yes  No

If YES please give details:

**Do you have any health needs of which we should be aware?**

Yes  No

If YES please give details :

### Experience & qualifications

**Do you have any previous experience of working with children/young people?**

Yes  No

If YES please give details:

**Do you hold any relevant qualifications in terms of working with children/young people?**

Yes  No

If YES please give details

### Length/details of voluntary work

Length of time:

Days of the week: Mon  Tues  Wed  Thurs  Fri

Location:

Start date:

Finish date:

**IF YOUR VOLUNTARY WORK IS PART OF A COLLEGE PLACEMENT PLEASE COMPLETE THE SECTION BELOW**

## College details

**Name of college:**

Address:

Post Code:

Tel No:

**Details of course/qualification:**

Completion date:

**Tutor:**

Tel No:

Mobile:

## Disclosure status

* Do you have a current Enhanced Disclosure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
* Do you have a current Standard Disclosure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever applied for a Disclosure before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

\* Within the last 3 years

If **YES**

**Date of issue:**

**Reference number:**

**Registered Body:**

**Position applied for**

Have there been any incidents/changes in your personal circumstances since your disclosure was issued that would impact on your suitability to work with children/young people?

**YES**

**NO**

**Details:**

## References

Please give the names and addresses of two people (not relatives) who have known you for at least two years, who will be able to give you a reference.

At least one referee should be a previous employer, if you have not been in employment please give details of someone who has known you in a professional/supervisory capacity e.g. teacher, youth worker.

### Referee One

Name:

Address:

Post Code:

Tel No:

Mobile:

Occupation:

How do you know this person?

When did you last have contact with this person?

### Referee Two

Name:

Address:

Post Code:

Tel No:

Mobile:

Occupation:

How do you know this person?

When did you last have contact with this person?

**Declaration**

I declare that the information I have given on this form is to the best of my knowledge correct.

I understand that this voluntary work is exempt from the Rehabilitation of Offenders Act and will disclose to Jane Smith (Play Development Manager) any incidents/changes to my personal circumstances which would impact on my suitability to work with children and young people.

I also understand that this position will not involve unsupervised access to children and young people.

**Signed:**

**Date:**

**Data Protection**

The information you supply on this Volunteer Record Form will be used to assess your suitability for the voluntary work applied for. These details will only be disclosed to those persons involved in the selection process, unless there are Child Protection/Safeguarding Children concerns in which case they may be shared with other relevant personnel including Children's Services.