Do you have experience of volunteering or working in a school environment? Yes / No

Do you have experience of pupils with Special Educational Needs? Yes / No if yes, what experience?

Why do you want to volunteer at Springfield School?

Do you have any access requirements? (E.g. large print, induction loop, wheelchair access)

Home phone number: Mobile number:

Address:

Postcode:

How did you find out about Springfield School?

What activities would you be prepared to take part in?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SupportingIn class | Swimming | Sports | Accompanying classes on trips | Other |

Which days are you normally available to volunteer on?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |

Email address:

Title: First Name: Surname:

Signed: Date:

Referees:

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Title |  |  |
| First Name |  |  |
| Surname |  |  |
| Position/relationship to you |  |  |
| Address |  |  |
| Postcode |  |  |
| Telephone |  |  |
| Email |  |  |
| May we contact this referee without further authority from you? | Yes / No | Yes / No |

**Volunteers will be required to undertake an Enhanced DBS disclosure and complete a self-declaration suitability form prior to starting any volunteering.**