



Volunteer Application Form

Any information given on this form is confidential.

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| Date of Application: | |
| Name: | Preferred Title |
| Date of birth: | Mobile Phone No. |
| Address: | |
| Email: | |
| Name and relationship of person to contact in an emergency: | |
| Phone number and address of person to contact in an emergency: | |
| Any additional information we may need to know about you, eg diet, health, medication, allergies etc | |
| Where did you hear about Bright Futures School? | |
| Why would you like to volunteer at Bright Futures School? | |
| Do you have a DBS? If so please give number: | |
| Name and contact details of appropriate referee: | |

| Your skills and interests (please tick) | |
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| Admin /Clerical | |
| Arts and Crafts | |
| Board Games | |
| Car Owner | |
| Computer Skills/IT | |
| Fundraising | |
| Literacy/Reading /Writing | |
| Listening /Befriending | |
| Numeracy | |
| Science | |
| Sports/ Fitness Activities | |
| Practical (DIY, Gardening, Cooking etc) | |
| Wall Displays | |
| Other –Please Specify | |

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| Preferred day(s) to volunteer-state full day or mornings. Please note a regular commitment will be required. | |
| Date that you would be able to start: | |

Please email completed form back to alison@brightfutureschool.co.uk

If you require any further information please contact Alison at school-Tel 01457 878738