**Volunteer Application Form Diagram

Description automatically generated**

**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 (including email)of two appropriate referees:  1.  **2.** | | |
| **Your skills and interests** (please tick) | |  |
| 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@brightfuturesschool.co.uk](mailto:alison@brightfuturesschool.co.uk)

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