**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 (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

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