



## Volunteer Application Form

**Volunteer Name:**

**Gender (Please circle):**    Male    Female

**Date of Birth:**

**Home Address:**

**Landline:**

**Mobile:**

**Email:**

**School / College / University attended (if applicable):**

**How did you hear about us? (Please circle)**

Facebook    Twitter    Friend    Free Visit voucher    Website    Family

**Other please state:**

### Emergency Contact information

#### Emergency Contact 1:

**Name:**

**Relationship:**

**Landline:**

**Mobile:**

**Address:**

**Email:**

#### Emergency Contact 2:

**Name:**

**Relationship:**

**Landline:**

**Mobile:**

**Address:**

**Email:**

**Personal Information**

**Do you consider yourself to have a disability? (please circle) : Yes No**

**If yes please state:**

**Do you have any allergies? (Please circle): Yes No**

**If yes please state:**

**Are you in good health? (please circle): Yes No**

**If no please state:**

**Are you taking any prescribed medication? (please circle): Yes No**

**If yes please state:**

**Experience**

**Reasons for wanting to volunteer?**

**Previous relevant experience?**

**Previous work experience?**

### Reference Details

As this work involves contact with children and young people confidential references will be taken up. Please provide the names of 2 people we can contact.

**1. Professional Referee's Name:**

(Tutor/teacher/employer)

**Relationship to volunteer:**

**Address:**

**Postcode:**

**Phone Number:**

**Email Address:**

**How long have you known this person?**

**2. Personal Referee's Name :**

(An adult that is not a relative, who has known you for at least 3 years)

**Relationship to volunteer:**

**Address:**

**Postcode:**

**Phone Number:**

**Email Address:**

**How long have you known this person?**

### Identification

As volunteering roles involve contact with children all volunteers need to provide ID, eg passport, driving licence, birth certificate, school/college pass etc.

#### Staff Use Only

ID Documents Presented:

Seen by: (Print name):

Date:

Signed:

### Permissions

I give permission for photos to be used for publicity including on The Springboard Project Website and all forms of social media. (Please circle): **Yes No**

I give permission for my contact details to be shared with Outset Youth Action to have my volunteer hours accredited. (Please circle): **Yes No**

#### Rehabilitation of Offenders Act

Please note that the role you are volunteering for is exempt from the provisions of the Rehabilitation of Offenders Act 1974. It is a condition that convictions (spent or unspent), cautions or pending court cases are disclosed, Information should be given on a separate sheet and will be treated in confidence.

**I have convictions, cautions or pending court cases.**

**Yes/No**

**Details attached**

**Yes/No**

**I understand that this role is subject to a satisfactory enhanced DBS**

**Yes/No**

**I confirm the above information is true and correct.**

**Signed**

**Date:**

**If volunteer is under 16 years, parent/carer to sign on their behalf**

I give consent for the above named person to volunteer for The Springboard Project Activities. I understand that during activities they will be under the supervision of Activity staff and/or trainers/instructors. Whilst the organisation will make every effort to ensure their personal safety, it cannot be held responsible for events outside its control.

In the event of the above named being taken ill or becoming injured during the activities, I give consent to him/her receiving First Aid by a qualified First Aider. If emergency medical treatment is required, I authorise a Springboard Project staff member to sign on my behalf. The signatory shall not be under any liability as a result thereof.

**Relationship to young person:**

**Signature:**

**Date:**

### Emergency Treatment Consent

In the event of the above named being taken ill or becoming injured during the activities, I give consent to receiving First Aid by a qualified First Aider. If emergency medical treatment is required, I authorise a Springboard Project staff member to sign on my behalf. The Springboard Project shall not be under any liability as a result thereof.

**Print Name:**

**Date:**

**Signed:**

**To be signed by parent/carer if volunteer is under 16 years of age.**

#### Return Address and Contact Details:

Springboard House, 52 Hurst Road, Horsham, West Sussex, RH12 2EP  
Centre Phone: 01403 218888 Short Breaks Team Phone: 01403 257699  
Website: [www.springboardproject.com](http://www.springboardproject.com)