



School Volunteer Application Form

Please complete this form in pen and return to the school office.

Personal Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

City: _____

Postcode: _____

Emergency Contact Information

Please provide contact information for two emergency contacts:

Name: _____

Relationship to you: _____

Phone Number: _____

Name: _____

Relationship to you: _____

Phone Number: _____

Are you related or have a personal relationship with any governor, pupil or employee at Broughton Fields Primary School? Please give details.

Medical/Allergy Information

Please list any existing medical conditions or allergies (e.g., asthma, epilepsy, diabetes, heart conditions, food allergies, etc.) that may require special consideration.

First Aid and Emergency Care

In case of an emergency, please provide instructions for first aid or medical care required for any specific conditions (e.g., how to use an epinephrine pen for allergies, steps for managing asthma attacks, etc.).

Physical or Mental Health Considerations

Please indicate any physical or mental health needs (e.g., mobility issues, anxiety, etc.) that may require special arrangements or accommodations.

This section ensures that all relevant medical information is easily accessible, promoting safety and enabling quick action in the event of an emergency.

Volunteering Details

When are you available to support in school? (Please indicate as many options as possible)

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

What skills/areas are you interested in volunteering in?

(Please include any experience working with children, volunteering, hobbies, or any other relevant skills.)

Do you have any special requirements or considerations we should be aware of or any specific activities you are unable to support?

(For example: dietary restrictions, accessibility needs, or other accommodations.)

References:

Please nominate two character referees who have known you for at least two years and who are willing to be approached by us. These can include employers, or previous employers, Headteacher/Course Tutor, or a person in a responsible position.

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Relation to the applicant	Relation to the applicant:

Applicant Declaration

I confirm that the information provided on this application form is accurate to the best of my knowledge.

Signature: _____

Date: _____

Thank you for taking the time to complete this application. Please hand it to the school office.

For School Use

DBS applied for		DBS received	
Reference 1 requested		Reference 1 received	
Reference 2 requested		Reference 2 received	
ID check required/completed			
Prohibited from profession check			