



Volunteer application form

Holyrood Academy is committed to safeguarding and promoting the welfare of children and young people and expects all employees and volunteers to share this commitment.

Applicant's Personal details

Surname	
First names	
Title (select as appropriate)	Mr <input type="checkbox"/> / Mrs <input type="checkbox"/> / Miss <input type="checkbox"/> / Ms <input type="checkbox"/> / Other <input type="checkbox"/>
Maiden name or previous names	
Address	
Email address	
Correspondence Address (if different from above):	
Daytime telephone number	
Mobile	
Home	

Driving Licence

Only answer if a full driving licence is required for the role.	
Do you hold a current Driving Licence? (select as applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, please state the type of licence you hold	
Do you have any current endorsements? (select as applicable)	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, please specify:	



Why are you applying for voluntary work at the Academy?

Please mention any skills or experience that you bring to the role, and explain what you want to achieve from volunteering.

A large, empty rectangular box with a black border, intended for the applicant to provide their response to the questions above.

References

Please provide two references, one employment reference and one character reference. Please let your referees know that we may contact them.

1. Employment referee		2. Character Reference
Name		
Address		
Tel No:		
Occupation		
Email Address		

Safeguarding Vulnerable Groups Act 2006

I understand that before I undertake any voluntary work at the Academy a criminal background check via the Disclosure Procedure will be undertaken.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
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Please note that it is a criminal offence for a person that has been barred from working with children and young people to work or volunteer in a school.

Declaration

I declare that the information given on this application form is true and correct	
Signed:	
Date	
Print name	
If form has been completed electronically please place an 'x' in this box to indicate your consent →	<input type="checkbox"/>

How to return your form

Please return your completed application form to:

Tina Coles, Business Manager, Holyrood Academy, Zembard Lane, Chard, Somerset. TA20 1JL.

Tel: 01460 2601011

E-mail: TColes@educ.somerset.gov.uk