# Volunteer and Visiting Application Form



We are pleased that you've chosen to visit and/or volunteer with us. We aim to make your experience enjoyable and rewarding.

We need to know some details about you to help get the most out of your visit. Additionally, some questions help comply with safeguarding policies.

#### Entries marked with \*\* are mandatory.

Your Details		
Full Name: **		
Address: **		
Date of Birth: **	(DD MM YYYY)	
Occupation: **		
Tel. Number: **		
Email:		
Preferred method of Contact: Email / Phone / Both		

## Have you volunteered before?

If yes, please tell us about your volunteering experience:

Do you have specialist skills that you would like to us to be aware of?

# **Health and Safety**

Please advise if you have a disability or a health issue (including pregnancy) which you would like us to consider

Please provide us with an emergency contact name and number for someone we can get in touch with, in case of an emergency

Name: \*\*

Relationship: \*\*

Tel. Number: \*\*

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#### Safeguarding

Because of the nature of our work, including visiting school and potentially vulnerable adults, we need to carry out due diligence checks. Having a conviction will not necessarily stop you from volunteering, but it will need to be taken into consideration when assessing suitability.

Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions? If none, write 'None' otherwise, please give details below \*\*

Are you aware of any ethical or legal reason why you should not be acceptable as a volunteer or visitation?

If none, write 'None' otherwise, please give details below \*\*

Do you have any personal or business interests that might conflict with those of the charity? If none, write 'None' otherwise, please give details below \*\*

## As a volunteer we ask that you:

- Attempt to complete your volunteering activities the best you can with dedication and commitment
- Follow any health and safety advice given during your volunteering period
- Be punctual for planned activities
- Maintain confidentiality of Sharing Wonders activities, and respect the environment you are in by not taking photographs of the children/staff/event without prior permission

## As a Charity organisation we aim to:

- Encourage a positive and supportive volunteering experience
- Encourage feedback from you about our charity and respect any suggestions you may have

#### **Data Protection**

The information that you provide on this form will be held by the charity to enable us to process your application. The data will be stored on a secure computer system and used for administration purposes only. The charity will treat all personal information with the utmost confidentiality and in line with current data protection legislation. Your information will be destroyed when no longer required for our records.

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Declaration			
Please read the declaration carefully before signing and dating the form.			
I declare that the information I have given is true to the best of my knowledge and understand that I will be asked to leave any voluntary position offered if any information is subsequently found to be deliberately misleading.			
Signed: **	Date: **	(DD MM YYY)	
(If you are sending this form by email, please type your name in the signature field)			
Submitting Your Form			
Please email your completed form to <a href="media@sharingwonders.org">media@sharingwonders.org</a>			
or,			
contact +44 746 233 5767 to receive details on how to post or hand deliver your form.			
Office Use:			
Details checked by:		Date:	
Additional Notes:			