

BUCKLAND PRIMARY SCHOOL – VOLUNTEERS FORM

FULL NAME:
ADDRESS:
LENGTH OF TIME AT CURRENT ADDRESS:
DOB:
NI NUMBER:
CHILD/CHILDRENS NAMES (if applicable):
CONTACT PHONE NUMBER:
IN CASE OF EMERGENCY (ICE) PHONE CONTACT:
PREFERRED AGE GROUP TO WORK WITH:
TIME ABLE TO COMMIT (e.g. weekly):
ANY PARTICULAR INTERESTS/SKILLS:
HAVE YOU EVER RECEIVED A CONVICTION, CAUTION OR BIND-OVER? (It is a criminal offence for a barred individual to seek, or to undertake, work with children)

DOCUMENTATION REQUIREMENTS:

A copy of your Passport, Driving Licence (paper & card) or Birth Certificate
Utility bill showing current address (within the last 3 months)

OFFICE USE ONLY

ID seen (please circle) **D/L** **P/P** **B/C** **U/B** **List 99 form** **Y/N**

Seen By

Date.....