



Volunteer Application Form

Thank you for your interest in volunteering at St Mary Cray Primary Academy. Please complete this form and return it to the school office and if possible bring your DBS (don't worry if you do not have one) certificate to be checked by a member of staff.

Full Name:	Title: Forename: Surname:
D.O.B:	
Contact Details:	Address: Phone number: Email:
Do you have a current DBS?	Yes <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> No <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/>
If yes please give the following details:	Disclosure number: Issue Date:
Year group preference:	<div style="display: flex; justify-content: space-between;"> <div> Early Years <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> </div> <div> Key Stage 2 <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Key Stage 1 <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> </div> <div> No Preference <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> </div> </div>
Dates, days and times you wish to volunteer:	

<p>Can you outline why you would like to volunteer in school?</p> <p>(please confirm if this is a student placement or work experience)</p>	
<p>Are you known by or associated with any member of staff, pupil or agency employee at St Mary Cray Primary Academy or The Spring Partnership Trust?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please state who:</p> <p>(Please note; it is important that you provide us with this information so we can avoid conflict of interest)</p>	<p>Their name:</p> <p>Your relationship to them:</p>
<p>If it is agreed that you can volunteer you will be required to volunteer for a minimum of two terms. Please can you confirm that you are able to do this:</p> <p>(this does not apply to student placements)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Please give contact details of a referee who has known you for the last three years:</p> <p>(no family members)</p>	<p>Name:</p> <p>Telephone Number:</p> <p>Email:</p> <p>Address:</p>
<p>Why would you like to work at St Mary Cray Primary Academy?</p>	

List 3 of your strengths	
List 3 areas of future personal development	
What values do you think you can bring to St Mary Cray Primary Academy and our children?	
What do you want to gain from your experience?	
Where do you see yourself in five years' time?	
Where did you hear about St Mary Cray Primary Academy?	
Confirmation	
I confirm that the information I have provided on this form is accurate.	
Signature:	Date: