Appendix 1

VOLUNTEER APPLICATION FORM – FOR NEW VOLUNTEER

Student/Parent/Community Helper Please circle above	······································
Name of Volunteer:	
First Name Surno	me
Date of Birth: If you have a child at our school what is their name	and class
Address:	
	••••••
Postcode	
Phone: Home	••••••
Mobile	•••••
What activities/ areas of the school's work would please include details of your course/placement re	
Are there any particular age groups/classes you win school please give details of their year groups/c	
Do you have any disabilities/other needs we need to make to allow you to work as a Volunteer in Schif necessary)?	•
Thank you for taking time to complete this Volunteer App	olication Form

Please hand it to the School Office. Your offer of help is greatly appreciated and we will be in touch as soon

as possible.

Appendix 3

Student Teacher, Work Experience Students and any other Volunteer Personal Contact and Medical Information
Name
Phone Number
Mobile
Email
College contact details (if applicable)
Name of contact
Phone
College
College address
Emergency contact numbers
1
2
3
Do you have any medical needs or conditions we should know about?
Please outline below anything relevant and indicate what action you wish us to take in the event of you being involved in an accident or as a result of any medical condition.
Whom would you want us to contact first from your <u>emergency numbers above</u> . Thank you.

Appendix 4

VOLUNTEER AGREEMENT

Thank you for offering your services as a volunteer at Raglan Primary School. Your offer of help is greatly appreciated and we hope that you will gain much from your experience. Please read and sign this Volunteer Agreement Sheet and hand it in at school. You will receive a copy of it for your records. ☐ I have completed the Personal Contact and Medical Information. I acknowledge that in the event of the fire alarm sounding that if I am working with a child/children I will take the children out of the building via the nearest KS1 or KS2 exit and take them to their class teacher on KS1/KS2 playground and then make my way to the KS1 playground meeting point. □In the event that I am in the building and not working with children I will exit the building if the fire alarm sounds and make my way to the KS1 playground visitors meeting point. □ In the event that the Lockdown alarm sounds, if I am working with a child outside the classroom I will bring the child to the nearest classroom and report to the classroom teacher. If I am not working with a child I will make my way to the nearest classroom/office. □ I have read the school Volunteers Working in School Policy, Health and Safety Policy, Safeguarding Policy, Code of Conduct Policy. □ I agree to treat information obtained from being a volunteer in school as strictly confidential and have signed the Confidentiality Form. ☐ I understand that an enhanced Criminal Record Bureau (DBS) check will be undertaken for volunteers working in regulated activity at the school. ☐ I have been made aware of who is my designated supervisor e.g. Class Teacher, Phase Leader. Signed: Date:

Appendix 5

Confidentiality

It is important whilst working at Raglan to observe both the staff and children's confidentiality
We therefore request that you read and sign this document thereby demonstrating your understanding of the importance of this.
Whilst I am on placement at Raglan School I understand that I should treat all conversations I hear or am part of, and any information I have access to, as completely confidential.
Signed Date
I agree not to disclose any names in my assignments and observations without prior consent.
Signed Date
l agree to obtain permission before taking any photographs of children for use in my assignments.
Signed Date