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Dear Prospective Volunteer

Thank you for offering your time and help as a volunteer with Fairplay.

Fairplay is a registered charity supporting children and young people with additional needs and disabilities. We work throughout North Derbyshire organising holiday Playschemes and Activity Days as well as term time groups for children and young people aged between 3-19 years.

Enclosed is a Volunteer Application Form for you to fill in and return to the office at the above address.

To volunteer at Fairplay you will need to be aged 14 or over, and will be required to attend a training session prior to helping out at one of our schemes. When you return the form you will receive an invitation to a training session. If you are aged 16 or over you will be required to complete a Criminal Record Bureau Disclosure (a CRB form). This will be given to you in the training session so that Fairplay staff can give you help and guidance. You will need to supply certain documents as evidence for this form - but this will be made clear in the invitation. Also at the training we will discuss the dates, times and venues of the schemes so we can decide when you could begin your volunteering.

In addition to volunteering with the children and young people, we also have other volunteering opportunities. These include helping with fundraising, tasks in the office and working on the garden project.

We hope you decide to join us at Fairplay. We rely on volunteers to enable us to offer our services to children and young people throughout the year and we are sure you will find this a rewarding and enjoyable experience.

Yours sincerely

Clerical Assistant

Fairplay is a company limited by guarantee.
Registered Company No 06826731

Fairplay receives financial support from:
Derbyshire County Council
Derbyshire County PCT
Children in Need and The Big Lottery Fund





Office use only			
Training letter	<input type="checkbox"/>	Database	<input type="checkbox"/>
Refs sent for	<input type="checkbox"/>	CRB approved	<input type="checkbox"/> Date
Refs received	<input type="checkbox"/>	CRB ref no	<input type="text"/>

VOLUNTEER APPLICATION FORM

Surname		First name	
Address			
Postcode		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Tel No		Mobile	
Date of birth		Email address	
Work/School/College attending			
How did you hear about Fairplay and what do you want to gain from volunteering with us?			
Where would you like to volunteer:			
Chesterfield <input type="checkbox"/>	Bolsover <input type="checkbox"/>	High Peak & Glossop <input type="checkbox"/>	Derbyshire Dales <input type="checkbox"/>
N E Derbyshire <input type="checkbox"/>			
Which age group are you interested in working with:			
Children aged 3 – 12 years <input type="checkbox"/>		Young People aged 12 – 19 years <input type="checkbox"/>	
I am interested in volunteering with other activities		Please tick appropriate boxes	
Fundraising <input type="checkbox"/>	General admin <input type="checkbox"/>	Garden project <input type="checkbox"/>	
Please provide details of two referees. Referees cannot be a family member and must be over 18 years old.			
Name		Name	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Relationship		Relationship	

Continued over

VOLUNTEER EMERGENCY DETAILS

To be completed by all volunteers

Surname	First name
Address	Tel No
	Mobile
	Religion
	Ethnicity
Postcode	
Date of birth	
GP Name	GP Tel No
GP Address	
Next of kin details in case of emergency:	
Name	Tel No
Relationship	
Do you have any allergies?	
Please give details of any medication you are taking regularly	
Do you wish to disclose any medical problems we may need to be aware of in case of emergency? If so, give details. This information will be treated as confidential.	
<p>Please sign to consent to any emergency treatment necessary during the course of volunteering.</p> <p>I consent to receive any emergency treatment necessary.</p> <p>Signed _____ (Parent/carer to sign if volunteer is under 18 years old)</p> <p>Signed _____ (Volunteer to sign if over 18 years old)</p> <p>If volunteer is under 18 years old parent/carer to sign consent.</p> <p>I consent for my daughter / son (insert name)_____ to participate in activities/playschemes/day trips with children/young people with additional needs and disabilities.</p> <p>Signed _____ (Parent/carer)</p>	

Please complete both sides and return to
Ruth Coe, Fairplay, Suite 2, First Floor 67-77 Chatsworth Road Brampton Chesterfield S40 2AL
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