

**Office use only**Training letter Database Refs sent for DBS approved  DateRefs received  

DBS ref no

**VOLUNTEER APPLICATION FORM**

Surname		First name	
Address			
Postcode		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Tel No		Mobile	
Date of birth		Email address (please write clearly)	
Preferred method of communication		Email <input type="checkbox"/>	Phone <input type="checkbox"/> Post <input type="checkbox"/>
Work/School/College attending			
How did you hear about Fairplay and what do you want to gain from volunteering with us?			
Below are the areas that have current volunteering opportunities. Please tick the area(s) that you live.			
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 5 – 12 years <input type="checkbox"/>		Young People aged 13 – 25 years <input type="checkbox"/>	
I am interested in volunteering with other activities		Please tick appropriate boxes	
Fundraising <input type="checkbox"/>	Garden project		<input type="checkbox"/>
Please provide details of two referees. <b>Referees cannot be a family member and must be over 18 years old.</b>			
Name		Name	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Relationship		Relationship	

**Continued**

Please complete both sides and return to  
**Admin Department, Fairplay, Alexandra Road West, Chesterfield, S40 1NP**  
**Tel: 01246 203963 Email: volunteers@fair-play.co.uk Website www.fair-play.co.uk**

# Personal Statement

Fairplay receives many applications from people wanting to become volunteers with us. As we have limited places, please tell us below why you want to volunteer. This section should include information about your skills, interests, hobbies and hopes for the future and will be used as part of our selection process.

Feel free to continue on a separate sheet, if needed.

## **Declaration by Applicant**

I declare to the best of my knowledge I have made no statement in this application that is false or misleading. I understand the truth of this declaration will be a condition of my selection by Fairplay, and that any false or misleading information given may constitute grounds for dismissal at a later date.

Signed:

Date:

## **If volunteer is under 18 years old, parent/carer to sign consent.**

I consent for my daughter/son to participate in activities/playschemes/daytrips with children/ young people with additional needs and disabilities.

Signed:

(Parent/carer)

Date:

# 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><b>Please sign to consent to any emergency treatment necessary during the course of volunteering.</b></p> <p><b>I consent to receive any emergency treatment necessary.</b></p> <p><b>Signed _____</b>  <b>(Parent/carer to sign if volunteer is under 18 years old)</b></p> <p><b>Signed _____</b>  <b>(Volunteer to sign if over 18 years old)</b></p>	
<p><b>If volunteer is under 18 years old parent/carer to sign consent.</b></p> <p><b>I consent for my daughter / son (insert name) _____</b>  <b>to participate in activities/playschemes/day trips with children/young people with additional needs and disabilities.</b></p> <p><b>Signed _____</b>  <b>(Parent/carer)</b></p>	

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Tel: 01246 203963 Email: [volunteers@fair-play.co.uk](mailto:volunteers@fair-play.co.uk) Website [www.fair-play.co.uk](http://www.fair-play.co.uk)