



Carniny Primary School – Volunteer Application Form

Surname and Title:	Forename:
Previous Names:	DOB:
Home Tel No:	Mobile:
Email address:	
Relevant skills, training qualifications or job history if applicable:	
Medical History disclosure: Eg back complaint/epilepsy etc	
Please indicate what kind of work you are volunteering for?	
Other information in support of this application:	
Please give the name and contact details of a referee who has known you for at least 2 years. This should be someone who knows you in a professional capacity, not a friend or relative.	
Referee's Name:	
Referee's Address:	
Position:	
Telephone Number:	
Email address:	
The Board of Governors is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. The school requires all volunteers working on a regular basis to complete an application form for an Enhanced Records Disclosure	
Signature:	Date:



Carniny Primary School – Volunteer Agreement

This document sets out the agreement between the named person and the school for voluntary work. This agreement is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intends any employment relationship to be created either now or at any time in the future.

The process of arranging a clearance and induction process for volunteers takes time and cost to school staff and we would therefore request that your commitment to the school is for a minimum of 5 sessions.

Name of Volunteer:	
Agreed Start Date	
Frequency/duration, general area(s) of work:	
School Link Person:	
Signed:	(Principal) Date:
Signed:	(Volunteer) Date: