



MANOR JUNIOR SCHOOL

Motivation, Joy, Success!

Volunteer Information sheet

Please complete and return to the School Office.

Title (please circle):

Mr / Mrs / Miss / Ms

Surname:

Forename:

Former family name:

Date of Birth

____ / ____ / _____

Address:

Contact No:

Email:

NI Number (if available):

Area of work

Admin/office

Classroom Support

Library

Lunchtime Support

Other, please specify

**Teacher DCSF number:
(if applicable)**

Start date at school:

**DBS number (if
applicable)**

**Date of
issue:**

Ethnicity:

Mother tongue:

Declared disability:

**Volunteer type (please
circle):**

Permanent / Temporary / None

Qualifications

| Type (BA, BEd, PGCE, MA, NVQ) | Subject | Date |
|-------------------------------|---------|------|
| | | |
| | | |
| | | |

Availability: Full day / Half day
Monday / Tuesday / Wednesday / Thursday / Friday

Have you worked with children before? What experience do you have of working with children?

Why do you want to work in this school in particular?

Are there any skills in particular that you feel you can offer our school?

Are you willing for us to do a full check on you? Is there anything from your past that you would like to disclose before we do the check?

For office use only

| | | |
|--|----------------------------|-----------------|
| Interviewed by: | Date: | |
| Length of stay: | DBS required: | Yes / No |
| Area of work deployed to volunteer: | | |
| Staff informed: Yes / No | Volunteer informed: | Yes / No |
| Agreed start date: | | |