



Merefield School Volunteer Application Form

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|---|------------|
| Full name: | DOB: |
| Address: | |
| Home Tel No: | Mobile No: |
| Email address: | |
| Relevant skills, training qualifications, job history, studies that this placement will support (if applicable): | |
| Medical History disclosure: E.g. back complaint/epilepsy etc (This is to help us carry out relevant risk assessments where necessary) | |
| Please indicate the length of placement required and relevant timeframes. (E.g. how many days/hours per week, how many weeks, in the Autumn term etc) | |
| Other relevant information in support of this application | |
| Please give the name and contact details of two referees who have known you for at least 2 years. At least one of these should be someone who knows you in a professional capacity, not a friend or relative. | |
| Referee 1- Name: | |
| Referee's address: | |
| Relationship to applicant: | |
| Telephone Number: | |
| Email address: | |
| Referee 2- Name: | |
| Referee's address: | |
| Relationship to applicant: | |
| Telephone Number: | |



Merfield School Volunteer Application Form

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: