



**WEST BERKSHIRE MENCAP CHILDREN'S SERVICES
VOLUNTEER APPLICATION**

Please note: The return of a completed application form does not guarantee you a place within an activity, should your application be successful you will be notified. Please return this form a.s.a.p. allowing us time to contact references as this may be necessary before we can accept you onto a project . Thank-you for your application, all our volunteers are very much appreciated.

Name	Date of birth and age
Address	Home telephone no.
Postcode	Your mobile number (if you have one)
Email	Ethnic Minority

In case of an accident / emergency please provide the following contacts:

Parent(s) name(s)	Their mobile no. (if they have one)
Address (if different from your own)	Tel. No. (if different from your own)
Postcode	

In case we cannot reach your parent(s), please provide a second contact here:

Name of the person you'd like us to contact	Their relationship to you
Address	Home telephone no.
Postcode	Their mobile number (if they have one)



If you are 16 or under please provide a parental signature here:

Signature of parent(s).....
 Please print name.....

For any yes / no questions below, please circle your answer.

1. What experience have you had with disabled children? (Family, neighbours etc.)

2. Are you willing to attend our Volunteer training evening? Yes No
3. Will you go swimming (actually in the water!) with your child? Yes No
4. Will you go out on trips with your child? Yes No
5. Can you drive? Yes No
6. Are you willing to transport children and/or volunteers? (petrol will be reimbursed)
 Yes No
7. Do you have any talents or skills that you think would be useful to use within one of our projects? (e.g. playing a musical instrument, or good at sport etc.)

8. Which school / college (if applicable) are you currently attending?

9. Have you ever done any volunteer work before?

Please provide the name, address (inc. postcode), and status (eg teacher, employer, neighbour) of two people who know you well but are not related to you, whom we may contact for references.

Name:	Name:
Address:	Address:
Status:	Status:

Is there anything else that you think would be valuable for us to know?
 If yes, please use the space below.



Which of the following schemes are you applying to work on (please tick)

Easter playscheme 9am – 5pm	Yes	No
Summer playscheme 9am-5pm	Yes	No
Funky Thursdays (youth Club) 6pm – 8pm	Yes	No
After School Club 3.30pm – 6pm	Yes	No

Have you ever been convicted of a criminal offence or been made the subject of any Order, civil or criminal, made by a Court of Law, involving offences against the person, children, or handling money? Yes No

(Answering yes does not necessarily exclude you from the playscheme, but reveals honesty.)

- I agree to a police check being carried out.
- I understand that I am under an obligation to treat all information concerning the children and their families on the playscheme in the strictest confidence.
- I understand that there will be some risks involved in working with special needs children but also know that there will be full training and support given.
- All the information on this form is correct to the best of my knowledge.

Signed..... Dated.....
(Please print name).....

Please return this and the “Health Check Form” to: Children’s Officer, The Mencap Centre, Enborne Gate, Enborne Road, Newbury, Berkshire, RG14 6AT.

Feel free to give us a call if you have any questions. All our volunteers enjoy their time with us on the playscheme, and make new friends. Most find the work very tiring but satisfying! I look forward to hearing from you.

Tel: 01635 569875.

Email: childreno@westberkshiremencap.org

HEALTH CHECK FORM

In order to comply with the Children Act 1989 completion of this health check form is required by everybody involved in our Children's Services. Subject to the answers given it may be necessary to complete a more detailed form which would be sent to you, however, admitting ill health does not necessarily exclude you from the playscheme.

- A Are you in good health? Yes No
- B Are you able to be very active, i.e. do you have good function of your limbs and back? Yes No
If "no" please give brief reason.....
.....
- C Do you suffer from any condition which is likely to render you momentarily unconscious or dizzy? Yes No No
If "yes" please give brief description.....
.....
- D Are you currently taking any medication that could cause drowsiness or dizziness? Yes No
If "yes" please name medication(s).....
.....
- E Have you had severe or chronic illness in the last 5 years? Yes No
If "yes" please give brief description.....
.....
- F Have you suffered from anxiety or depressive illness at any time?
Yes No If "yes" please state nature of illness and its last occurrence.....
.....
- G Please give details of work related sickness absence in the last 5 years.
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All the information given on this health check form is correct to the best of my knowledge.

Signed..... Dated.....