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**Volunteer Application Form**

Full name: …………………………………………………………………..

Name of child currently at the school …………………………………… Class …………

Relationship to child : ………………………………………………………………

Address:

………………………………………………………………………………………………………………………………………………………………………………………

Phone: ……………………..……………………………………

Email address ……………………………………………………………………………….

If you have a disability, what equipment, adaptations or adjustments to working conditions would assist you in carrying out a voluntary role at our school?

*Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes.*

…………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………

Signed: ………………………………………………………………………………

Date: ……………………………………………..

Thank you for taking time to complete this form.

Your offer of help is greatly appreciated and we will be in touch as soon as possible.