

**Bromley Education Business Partnership  
Volunteer Application Form**



**Strictly Confidential**

<b>What type of volunteering are you applying for:</b>
Right to Read <input type="checkbox"/> MFL <input type="checkbox"/> Number Partners <input type="checkbox"/> Mentoring <input type="checkbox"/>

<b>Name</b>	<b>Title</b> Mr/Mrs/Miss/Ms/Other
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<b>Address</b>
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<b>Daytime Telephone Number</b>	<b>Evening Telephone Number</b>
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<b>Mobile Number</b>	<b>E-mail</b>
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<b>Voluntary Experience</b> Please give details of any other organisations for whom you have volunteered, with your experiences and the dates involved. We welcome applications from people new to volunteering.
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<b>Health</b> Applications from people with disabilities are welcomed, but please give details if you have a disability or have ever suffered from a serious illness that could affect your volunteering.
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<b>Availability</b> During school day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening/Weekends Are there any days and times when you would not be available?
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How did you hear about volunteering with us?
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Please note that our process involves checks with the Department of Health Index, DfES List 99 and Police Criminal Records. The work which our volunteers undertake involves work and contact with children and young people and is therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974. All convictions, however old, must be declared. All information given will be stored on a database and treated in the strictest confidence. This information will not be used to discriminate against you unfairly or passed to any third party.

Signature	Date
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## References

Please provide contact details of two referees you have known for at least two years who are not family.

### **Referee 1**

Name

Address

Post Code

Telephone Number

E-mail

Relationship

### **Referee 2**

Name

Address

Post Code

Telephone Number

E-mail

Relationship