** SNAPPY VOLUNTEER APPLICATION FORM**

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| **Name:** | **Date of Birth:** |
| **Address:** | **Telephone:** |
| **Mobile:** |
| **Are you currently in employment? YES / NO** |
| **Email:** |
| **University/College/School (this helps us nominate you for awards):** |
|  |
| **Where did you hear about Snappy?** |

Snappy runs many different play schemes and projects throughout the year. Some schemes run each week whilst others run in the school holidays. We also run specialist projects that you may wish to get involved in, such as the pantomime, arts, drama and sports projects.

Below are the schemes that run throughout the year, please indicate which you are interested in. If you would like more information about any of our schemes and projects, please contact the office.

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| **Easter Scheme** | **Summer Scheme** | **Saturday Snappy** | **Senior Snappy** | **Thursday Club** | **Fundraising Projects** |
|  |  |  |  |  |  |

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| **Please tell us about any previous paid or voluntary experience that may be relevant:** |
| **Please tell us about any useful skills you have (interests, hobbies, training, education etc):** |

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| **Please tell us about any relevant training/experience you have had or any training you would like to receive:** |
| **Any additional information:** |

Snappy follows an equal opportunities policy and all information given will be treated confidentially.

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| **Please give the name and address of two people who will give you a reference** |
| 1. | 2. |

You have permission to approach the above persons regarding my suitability for this work.

*(No previous related experience necessary)*

**Signed: Date:**

For office use only:

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| --- | --- | --- | --- | --- |
| Invited for Interview | Interview attended | Induction pack sent | DBS check application | DBS Check Certificate |
|  |  |  |  |  |

Medical Information

TO ENSURE IMMEDIATE ACTION IS TAKEN IN THE EVENT OF AN ACCIDENT OR OTHER EMERGENCY WE REQUIRE ANY RELEVANT MEDICAL DETAILS FOR OUR ON-SITE FILES

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| --- | --- |
| Full Name:Address:Telephone:Mobile:Date of Birth: | Next of Kin (Name):Relationship to you:Address:Telephone:In the event of an incident, do you wish The Snappy Trust to contact your next of kin? Yes / No |
|  |
| GP’s Name:Surgery AddressTelephone: |
|  |
| NHS Medical Card Number: |
| Have you been immunised against tetanus? |
| Further information (allergies, medication etc if relevant): |

All information will be treated with the strictest confidence

Signature: Date:

Please return to:

Volunteer Co-Ordinator

The Snappy Trust, Hob Moor Children’s Centre, Green Lane, Acomb, York YO24 4PS

Telephone: 07710 282269

Email: volunteers@thesnappytrust.org