



# **SLPS Volunteer Form**

**EDUCATE. EMPOWER. INSPIRE.**

# SLPS Volunteers Form

## Section 1 – Volunteer details

|                                  |  |  |  |
|----------------------------------|--|--|--|
| <b>Name:</b>                     |  |  |  |
| <b>Address:</b>                  |  |  |  |
| <b>Telephone No:</b>             |  |  |  |
| <b>Email:</b>                    |  |  |  |
| <b>Emergency Contact Details</b> |  |  |  |
| <b>Name:</b>                     |  |  |  |
| <b>Telephone No:</b>             |  |  |  |

## Section 2 – Volunteering details

|  |             |             |              |                             |            |            |
|--|-------------|-------------|--------------|-----------------------------|------------|------------|
| <b>Role Title:</b>   |             |             |              |                             |            |            |
| <b>School:</b>   |             |             |              |                             |            |            |
| <b>Supervisor Name:*</b>                                   |             |             |              | <b>Contact No:</b>          |            |            |
| <b>Volunteer Tasks:</b>                                    |             |             |              |                             |            |            |
|  |             |             |              |                             |            |            |
| <b>Volunteer Work Arrangements / Hours of Work:</b>        |             |             |              |                             |            |            |
| <b>MON</b>   | <b>TUES</b> | <b>WEDS</b> | <b>THURS</b> | <b>FRI</b>                  | <b>SAT</b> | <b>SUN</b> |
|  |             |             |              |                             |            |            |
| <b>Start Date:</b>   |             |             |              | <b>End Date: (if known)</b> |            |            |
| <b>Training needs identified in addition to induction:</b> |             |             |              |                             |            |            |
|  |             |             |              |                             |            |            |

\*Supervisor should be contacted in the event of any absence, preferably before the start of the day of the volunteer tasks

### Section 3 – Pre-checks

|                                  |  |
|----------------------------------|--|
| <b>ID Documents:</b>             |  |
| <b>DBS Date/number:</b>          |  |
| <b>1<sup>st</sup> Reference:</b> |  |
| <b>2<sup>nd</sup> Reference:</b> |  |
| <b>Training completed:</b>       |  |

### Section 4 - Declaration

|                |  |                    |              |  |
|----------------|--|--------------------|--------------|--|
| <b>Signed:</b> |  | <b>(Volunteer)</b> | <b>Date:</b> |  |
| <b>Signed:</b> |  | <b>(Manager)</b>   | <b>Date:</b> |  |