



HSPS Volunteer Form

EDUCATE. EMPOWER. INSPIRE.

HSPS Volunteers Form

Section 1 – Volunteer details

Name:			
Address:			
Telephone No:			
Email:			
Emergency Contact Details			
Name:			
Telephone No:			

Section 2 – Volunteering details

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

*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

ID Documents:	
DBS Date/number:	
1st Reference:	
2nd Reference:	
Training completed:	

Section 4 - Declaration

I confirm that I have read, understood and agree to the conditions as set on pages 3-5 of this document)				
Signed:		(Volunteer)	Date:	
Signed:		(Manager)	Date:	