|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **VOLUNTEER APPLICATION FORM**  **FOR KEF AND KEF-OLDER-BOYS DIVISIONS** | | | | | | | | **Description: Macintosh HD:Users:User:Desktop:KEF new logo '17  with smiley with outline on strap line copy 2.pdf** |
| **Date of application:** | | | |  | | | |
| **Section 1: Personal Details** | | | | | | | | | |
| First Name | |  | | | Surname | |  | | |
| Home Address | |  | | | Postcode | |  | | |
| Gender | |  | | | Racial origin & religion | |  | | |
| Current Address  (If different) | |  | | | | | | | |
| Home Number | |  | | | Mobile Number:  *(please specify if it is not your own)* | | |  | |
| Email Address  *(please specify if it is not your own)* | |  | | | Do you drive? | | | Yes  No | |
| DOB | |  | | | Current Age | | |  | |
| Emergency contact name | |  | | | Emergency contact relationship to self | | |  | |
| Emergency contact numbers | |  | | | | | | | |
| GP Name & Address | |  | | | GP Phone Number | | |  | |
| Current occupation (please provide details e.g. if you are in school – which school/year)? | | | | | | | | | |
|  | | | | | | | | | |
| T-shirt size | | | Small  Medium  Large  X Large  XX Large | | | | | | |
| **PLEASE SUPPLY A CURRENT PHOTO OF YOURSELF WITH THIS APPLICATION** | | | | | | | | | |
| **Section 2: Experience & Working at KEF** | | | | | | | | | |
| **Do you have any experience working or volunteering with children or adults with disabilities? If so, please describe:** | | | | | | | | | |
|  | | | | | | | | | |
| **Please briefly state any other experience, qualifications or skills that you feel would enhance your work at KEF** | | | | | | | | | |
|  | | | | | | | | | |
| **PLEASE SUPPLY A COPY OF ANY RELEVANT QUALIFICATIONS WITH THIS APPLICATION** | | | | | | | | | |
| **Please tick which programme(s) you would like to volunteer for?**  To find out more information about each programme, please visit our website – [www.kefkids.org](http://www.kefkids.org) or email [programmes@kefkids.org](mailto:programmes@kefkids.org) | | | | | | | | | |
| Sunday club  *Details of which session to be discussed in interview* | | | | |  | | | | |
| After-school clubs | | | | |  | | | | |
| KEF buddy | | | | |  | | | | |
| Parties/events/one-off opportunities | | | | |  | | | | |
| **Section 3: References** | | | | | | | | | |
| We require two references from people unrelated to you who are:   1. Either a boss/colleague or a teacher 2. Someone who knows you in relation to working with children (preferably in relation to working with children with special needs if applicable) | | | | | | | | | |
|  | | | | Person 1 | | Person 2 | | | |
| Name | | | |  | |  | | | |
| Relationship | | | |  | |  | | | |
| Telephone Number | | | |  | |  | | | |
| Email Address | | | |  | |  | | | |
| **Section 4: Medical Information**  *Please note if there is anything you would like to discuss in confidence please contact the KEF Office* | | | | | | | | | |
| NHS Number: | | | | |  | | | | |
| Do you have any pre-existing medical conditions? If yes please specify (full disclosure is required): | | | | | | | | | |
|  | | | | | | | | | |
| Are you currently taking any medication? Please list below: | | | | | | | | | |
|  | | | | | | | | | |
| Have you ever been diagnosed with a contagious or communicable illness or you are at medical risk of contracting any disease through casual contact? | | | | | | | | | |
|  | | | | | | | | | |
| When was your last tetanus injection? | | | | | | | | | |
|  | | | | | | | | | |
| Are you allergic to any medications? If so, please list | | | | | | | | | |
|  | | | | | | | | | |
| Do you have any food allergies or intolerances? If so, please list | | | | | | | | | |
|  | | | | | | | | | |
| **Section 5: Medical Declaration** | | | | | | | | | |
| * *I agree to my receiving medication as instructed and to any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.* * *I attest to the accuracy of all the information in Section 4.* | | | | | | | | | |
| Signature | | | | |  | | | | |
| Date | | | | |  | | | | |
| Parent/ Guardian Signature (if under 18 years of age): | | | | | | | | | |
| Signature | | | | |  | | | | |
| Date | | | | |  | | | | |

**THANK YOU!**

Please return all completed forms via email to [programmes@kefkids.org](mailto:programmes@kefkids.org)