



Volunteer / Staff Application Form

Project Dates 2010 –

Week 1 – Monday 26th July – Friday 30th July or

Week 2 – Monday 2nd August – Friday 6th August or

Week 3 – Monday 9th August – Friday 13th August 2010

Deadline for applications 26th February
2010

Please return to:

Whitgift SNAP Applications, Whitgift School, Haling Park, South Croydon, CR2 6YT

My application is for...

You may apply for more than one position on more than one scheme.

Please put a cross in the appropriate circle:

Crocodile Scheme

Play-scheme for children age 5-18

- Volunteer§
- Scheme Officer*
- Senior Group Leader*
- Group Leader*

- Care Coordinator*
- Care Assistant*

- Bus Guide*
- Lifeguard*

Alligator Scheme

Youth Club for young people age 18-25

- Volunteer§
- Scheme Officer*
- Group Leader*

- Care Assistant*

- Bus Guide*

§ *You must be 16 years of age or older by 25th July 2010*

* *You must submit a CV with this application*

**PLEASE ENSURE THAT YOU COMPLETE ALL SECTIONS OF
THE FORM**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

You can download job descriptions from www.whitgiftsnap.org.uk

All queries or comments to enquiries@whitgiftsnap.org.uk

Please tell us about yourself...

PLEASE COMPLETE IN CAPITAL LETTERS

* Please circle appropriate answer

Surname: _____ All forenames: _____
Preferred name: _____
Address: _____
_____ Postcode: _____
Email address: _____
Home telephone no.: _____ Mobile: _____
Date of birth (dd/mm/yyyy): ___/___/___ Year Group at School _____ Male / Female*

Occupation: _____ (Students – please state AS/A level subject(s) and school, college or university and course)
Have you applied to SNAP before and were you successful? Yes / No*
Have you participated on SNAP before? Yes / No*
If yes, when*? 2009 2008 2007 2006 2005 Other: _____

<p><i>This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are therefore not entitled to withhold any information about convictions, including those which for other purposes are 'spent' under the provisions of the Act.</i></p>
Have you ever been convicted, cautioned, reprimanded, received a final warning or bound over in relation to a criminal offence, or have ever been any of the following:
1) The subject of any police investigation and/or prosecution in the UK or other country?
2) Subject to investigation or proceedings by any body having regulatory function in relation to health and social care?
3) Disqualified from the practice of a profession or subject to limitations on practicing following any investigation by a regulatory body in the UK or another country?
Yes / No*
If yes, full details must be submitted, by post, in a signed statement before the application can proceed. Please see our policies on our website for further information.

Placement...

Please tick the week that you are available and would like to work. If you are available for all 3 weeks, you may tick all 3 boxes although it may not be possible to attend all weeks. If you are available for all 3 weeks but would only like to attend for one, please specify 1st 2nd and 3rd choice.

WEEK COMMENCING MONDAY 26 TH JULY 2010	<input type="checkbox"/>
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WEEK COMMENCING MONDAY 2 nd AUGUST 2010	<input type="checkbox"/>
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WEEK COMMENCING MONDAY 9 th AUGUST 2010	<input type="checkbox"/>
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Interviews...

All staff and volunteers must attend an interview. This should only last about 5-10 minutes for volunteers and slightly longer for paid positions. Please indicate below your preferred date from the provisional dates listed below. Where possible we will endeavour to allocate your first choice, but due to the large number of applications, this may not be possible.

Volunteer interviews Sunday 28 th March 2010	<input type="checkbox"/>
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Paid Staff interviews Saturday 27 th March 2010	<input type="checkbox"/>
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Volunteer interviews Saturday 17 th April 2010	<input type="checkbox"/>
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Volunteer interviews Sunday 18 th April 2010	<input type="checkbox"/>
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Training...

All staff must attend training. There are no alternative dates. Unfortunately if you can't make one of these days you can't work on the project. No exceptions. **Please tick.**

Training day 1 - Sunday 27th June 2010

OR

Training day 2 - Saturday 3rd July 2010

OR

Training day 3 - Saturday 10th July 2010

I have attended a First Aid/Lifting training course in the last 12 months YES/NO*

* If YES, please enclose a copy of your training certificate

**PLEASE ENSURE THAT ALL DATES ARE IN YOUR
2010 DIARY!!**

Swimming...

Swimming is offered as an integral activity for the young people. Please indicate whether you are able to participate. If you cannot swim we can pair you with one of the many young people that prefer to stay in the shallow end of the pool.

I am able to attend swimming sessions on the project:

I am **not** able to attend swimming sessions on the project:

Reason _____

Some additional info...

**THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS
FOR STAFF & VOLUNTEER POSITIONS**

Please explain why you want to be involved on the SNAP schemes. What qualities do you have that would make you an effective staff member/volunteer working with disabled children and young people on the SNAP schemes? **PLEASE REFER TO RELEVANT STAFF/VOLUNTEER JOB DESCRIPTION ON OUR WEBSITE.**

If applicable, please give details, including dates, of any work experience relevant to working with children or with young people with disabilities. **(APPLICANTS FOR PAID STAFF POSITIONS MUST SUBMIT A CV).**

What are your personal interests/hobbies?

Health Questionnaire...

Surname: _____ Forenames: _____

Address: _____

Date of birth: _____

GP Name: _____

GP Address: _____

Telephone number: _____

It is important that we are aware of any physical illness, mental health needs, or disabilities so that neither your health and safety nor that of others is placed at risk. Answering 'yes' to any of the following questions will not necessarily debar you from becoming a member of staff. Your responses will enable us to offer you an appropriate placement, subject to satisfactory references.

General health:

Do you have any health problems that you feel may affect your work? **Yes/No [1]**

Are you currently taking medication, or have you been taking medication for more than a month in the past year? **Yes/No [2]**

Are you currently receiving specialist treatment or are you waiting for hospital admission? **Yes/No [3]**

Have you ever suffered from or are you currently suffering from:

Visual impairment not fully corrected by spectacles or contact lenses **Yes/No [4]**

Hearing impairment **Yes/No [5]**

Fits, epilepsy, fainting, blackouts, giddiness or loss of consciousness **Yes/No [6]**

Mental health problems. eg. Depression, anxiety **Yes/No [7]**

Asthma **Yes/No [8]**

Angina, heart attack or other heart conditions **Yes/No [9]**

Diabetes **Yes/No [10]**

Rheumatism **Yes/No [11]**

Problems with lifting and/or bending, or back injuries of any kind **Yes/No [12]**

(If applicable we will require a doctor's letter confirming you are fit and able to work on the Project)

Problems with walking or using stairs **Yes/No [13]**

Any skin problems **Yes/No [14]**

Any allergies (eg. nuts, penicillin etc.) **Yes/No [15]**

Any other health problems that may be relevant **Yes/No [16]**

Do you consider yourself to have a disability or are you registered disabled **Yes/No [17]**

References...

Please give details of TWO people who know you well and to whom we may write. **They should not be family members or personal friends.** They could be, for example, your teacher or employer. If you are a student, please put down your head of year.

Referee 1:

Full Name: _____

Address: _____

Postcode: _____ Telephone number: _____

How long have you known the referee? _____

Relationship: _____

Referee 2:

Full Name: _____

Address: _____

Postcode: _____ Telephone number: _____

How long have you known the referee? _____

Relationship: _____

Emergency Contacts...

In the unlikely event of an emergency, please give details of whom we should contact:

IT IS ESSENTIAL THAT WE HAVE A MINIMUM OF TWO EMERGENCY CONTACT TELEPHONE NUMBERS

Contact 1:

Full Name: _____

Address: _____

Postcode: _____ Telephone number: _____

Relationship: _____

Contact 2:

Full Name: _____

Address: _____

Postcode: _____ Telephone number: _____

Relationship: _____

Photographic Consent...

During the project itself, we often take photographs of groups and individuals of both volunteers and young people. These photographs may be used for marketing purposes to promote the charity, or published on the website/newsletters, etc.

Please sign here to provide us with your consent to do so. If you do not wish for photographs of yourself to appear in such material, please leave blank.

Signature: _____

Date: _____

Declaration...

The information SNAP collects about me will be placed on the staff database, which can be accessed by appropriate members of SNAP staff and management committee in order for them to carry out their jobs. I have access to this information under the Data Protection Act 1998. SNAP will keep my application confidential and will never release my details to third parties. By signing this form I am agreeing to these arrangements.

I understand that my appointment is subject to the information on this form being correct and I declare this to be the case. If I fail to disclose any criminal convictions, bind overs or cautions, or give any statement that is false or misleading I understand that my involvement with SNAP may be terminated immediately. I consent to a police check being made in accordance with the Police Act 1997.

If I come into contact with any infectious diseases immediately before the project, I will inform Whitgift SNAP.

I understand that attendance on staff/volunteer training sessions is compulsory, and I will attend any necessary training relevant to the position offered.

I understand that my attendance on the project is dependent on Whitgift SNAP obtaining a satisfactory enhanced disclosure from the Criminal Records Bureau and satisfactory references, and authorise Whitgift SNAP to arrange the necessary police check and request written references.

I agree that my conduct, while working for Whitgift SNAP, will be in accordance with all of the published policies and appropriate job descriptions. These policies and job descriptions may be updated at any time but this will not make them any less applicable. They are available to me via the Whitgift SNAP website www.whitgiftsnap.org.uk.

Please tick as appropriate

I am happy for Whitgift SNAP to pass on my details to other approved third parties

I am happy for Whitgift SNAP to send me information about jobs and relevant services provided by our partners

*Delete as appropriate**

I *have/have no criminal or other declarations to make and I therefore *attach/do not attach a signed statement of any criminal or other declarations.

Signature: _____ Date: _____

Print Name: _____

Volunteer Monitoring...

Whitgift SNAP is committed to equal opportunities employment. Information on people's cultural and racial origin will help us to better understand the current ethnic make-up of the staffing group and therefore enable the committee to determine what changes are needed so that the project is equally available to everyone.

We are not asking about nationality. We already know that most people who work on the project are of British nationality. Please circle the ethnic origin you think describes you best. If you do not wish to provide this information please put a cross in the circle. In doing so you will not prejudice your application: O

Do you think of yourself as:

Asian	Black African	Black Caribbean	Black Other
Chinese	Indian	Irish	Pakistani
White	Other (please specify): _____		

Where did you hear about Whitgift SNAP? _____

Volunteer Agreement...

Whitgift Special Needs Activity Project commits to the following:

To provide thorough induction on the work of Whitgift SNAP, its staff, your volunteering role and the training you need to meet the responsibilities of this role.

- To explain the standards we expect and to encourage and support you to achieve and maintain them.
- To provide a named person who will meet with you daily to discuss your volunteering and any successes and problems.
- To do our best to help your volunteering role with us.
- To provide adequate training and feedback in support of providing a safe working environment.
- To ensure that all volunteers are dealt with on a fair and equal basis.
- To try to resolve fairly any problems, grievances and difficulties you may have while you volunteer with us.

I, _____ agree to the following:

- To help Whitgift Special Needs Activity Project to fulfil its aims.
- To perform my volunteering role to the best of my ability.
- To follow the organisation's procedures and standards, including SNAP's dress code, health and safety and equal opportunities, in relation to its staff, volunteers and children & young people.
- To maintain the confidential information of the organisation and of its beneficiaries.
- To meet time commitments and standards agreed to except in exceptional circumstances, and to give reasonable notice so other arrangements can be made.
- To provide referees as agreed who may be contacted, and to agree to a police check being carried out.

This agreement is binding in honour only, is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intend any employment relationship to be created either now or at any time in the future.

I declare that: The answers and statements on this document are complete and accurate to the best of my knowledge and I will inform Whitgift SNAP of any changes immediately, including any changes in my health, or any circumstances which may affect my work with Whitgift SNAP.

I understand that my application will be treated in confidence, and that the information kept about me is accessible under the Data Protection Act.

Signed: _____ date: _____

Please return your completed application form to:

Whitgift SNAP Applications, Whitgift School, Haling Park, South Croydon, CR2 6YT

Together with:

* two passport sized photos of yourself (with your name on the back of each)

* a cheque for £12 (made payable to Whitgift SNAP) if you would like to order a SNAP t-shirt. Please circle size required SMALL / MEDIUM / LARGE