

Application for Volunteering

Please complete in block capitals

Title:	Mr/Mrs/Miss/Ms/Dr/Other: (please delete as appropriate or state)		
Name:			
Surname:			
Date of Birth:			
Address:			
			Postcode:
Mobile number:		Landline number:	
Email address: (This is how we prefer to contact you)			

Please give details of any disability or specific learning difficulty you have:

Occupation/former occupation:

Employer's name and address: (if applicable)

Please give the names and addresses of two people who would vouch for your suitability for this type of work (e.g. somebody you have worked with):

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

Do you have any unspent criminal convictions? YES / NO

(Please note, we are sometimes required to undertake a Disclosure and Barring Service enhanced clearance)

If yes please provide details:

Qualifications (please write any professional qualifications in full)

Subject Eg: Maths	Level Eg: GCSE, NVQ	Where studied Eg: Southend Adult Community College
English*		
Maths*		

* Required. If you do not have a level 2 qualification in English and Maths we will require you to get one, with our support.

Previous experience of helping someone to learn (volunteers are not usually turned down because of lack of teaching experience).

Any other experience, skills and interests:

How did you hear about volunteering at the college?

Why do you want to become a volunteer?

**Please note: The college is unable to offer teaching placements to anyone enrolled on a teacher training course.*

Your availability (please tick where appropriate):

	9.00am - 12pm	12.30pm - 3pm	3.00pm – 5pm	5.00pm – 7pm	7.30pm - 9.30pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Sunday					

Would you be able to travel to classes with the Southend Borough? YES/NO

Eg: Shoebury, Leigh, Westcliff, Belfairs (Every effort will be made to place volunteers in classes as near to their homes as possible.)

What sort of class would you like to help with?

(Please number in order of preference if you have more than one choice.)

- | | | | |
|--------------------------|--|--------------------------|--------------------------------------|
| <input type="checkbox"/> | English: Reading, writing and spelling | | |
| <input type="checkbox"/> | English for speakers of other languages (ESOL) | | |
| <input type="checkbox"/> | I.T. | <input type="checkbox"/> | Maths |
| <input type="checkbox"/> | Less confident learners | <input type="checkbox"/> | More confident, independent learners |

Classes for people with learning disabilities:

- | | | | |
|---|--------------------------|-----------------|--------------------------|
| Reading, writing and communication skills | <input type="checkbox"/> | | |
| Cookery (Belfairs - Tuesday evening) | <input type="checkbox"/> | | |
| Computers | <input type="checkbox"/> | Maths. | <input type="checkbox"/> |
| | | Photography | <input type="checkbox"/> |
| Life Skills | <input type="checkbox"/> | Music | <input type="checkbox"/> |
| | | Performing Arts | <input type="checkbox"/> |
| Arts & Craft | <input type="checkbox"/> | Fitness | <input type="checkbox"/> |

Opportunities sometimes arise to support a student with a specific need (i.e. visual/hearing/sensory impairment) in classes other than those listed above. Would you be interested in this? YES/NO

Once accepted, we request that volunteers commit themselves to working with the scheme for at least a year.

SIGNED _____ **DATE** _____