



HORIZONS Children's Sailing Charity

Volunteer Application Form 2018

These details will be entered into a database for our sole use and stored in accordance with the Data Protection Act 1998

Personal Details

Full name:	Date of Birth:
Date of application:	Occupation:
Home address:	Postcode:
Landline:	Mobile:
Email address:	
Sailing experience/qualifications:	
Other relevant hobbies/interests: (e.g. fundraising):	

Further Information

Please Circle Below

Would you like to receive Horizons text messages (e.g. when we cancel a session)?	Yes	No
Do you have experience of working with children?	Yes	No
If you have a D1 entitlement on your driving licence, would you drive our minibus?	Yes	No
Do you consent to a DBS check being carried out if necessary?	Yes	No
If your existing DBS is transferable; please provide the Update Service ID number.		
Please remember, it is your responsibility to inform us if any of the relevant details have changed since your DBS check.		
Details of First Aid certificate:	Type (e.g. RYA):	Expiry Date:

Medical Details

Details of any SEN, disabilities, medication or medical treatment being received (if none, write NONE)

I declare that, to the best of my knowledge that I am not suffering from epilepsy, giddy spells, diabetes, brittle bones, angina, or any other heart condition and is fit to participate in sailing activities and is confident in water.

Please note that suffers of any of the above conditions will not necessarily be excluded from participating, but the organisers need to know, to ensure their safety.

I also confirm that I have read and agree to follow the Horizons (Plymouth) Code of Conduct.

Signature:	Date:
------------	-------

Emergency Contact Details (If there is an alternative emergency contact, please fill in the box overleaf)

Full name:	Relationship:
Landline:	Mobile:
Home Address: Same <input type="checkbox"/>	
	Postcode:

References: (Please complete if this is your first application to become a Volunteer)

Please give details of two people (not friends/family) who have known you for at least 2 years	
Full Name:	Full Name:
Address:	Address:
Email:	Email:
Contact Number:	Contact Number:
Connection to you:	Connection to you:



HORIZONS Children's Sailing Charity

Volunteer/Adult Self Disclosure Form 2018

Self-Disclosure

Horizons (Plymouth) is committed to safeguarding children from physical, sexual and emotional harm. As part of our Safeguarding policy, we require volunteers in posts involving contact with children to complete a Disclosure and Barring Service form and this self-disclosure form (whilst awaiting the return of the DBS). Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences. All Information will be treated as confidential and managed in accordance with data protection legislation and guidance.

Personal Details

Title:	Full Name:
--------	------------

Section 1

i)	Do you have any convictions, cautions, reprimands, or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?	Yes	No
ii)	If Yes, please supply details:		

Section 2

i)	Have you ever been known to any Child Services Department or the Police as being an actual or potential risk to children?	Yes	No
ii)	If Yes, please supply details:		

Section 3

i)	Have you ever been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?	Yes	No
ii)	If Yes, please supply details:		

Declaration

I declare that to the best of my knowledge the information given above is correct and understand that any misleading statements or deliberate omission may be sufficient grounds for the withdrawal of my appointment.

I understand that I may be asked to apply for a Disclosure and Barring Service Check and consent to do so if required.

I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.

I understand that the information contained in this form and in the Disclosure, or relating to subsequent concerns about my behaviour, may be shared with regulatory bodies and/or other persons or organisations, in circumstances where this is considered necessary to safeguard children.

Parent/Guardian Signature: (Or Applicant if over 16)	Date:
---------------------------------------------------------	-------