



HORIZONS Children's Sailing Charity

Volunteer Application Form 2017

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 | | | D.O.B | |
| Home Address | | | | |
| Home number | | Postcode | | |
| Mobile number | | Email address | | |
| Occupation | | | | |
| Sailing experience and qualifications | | | | |
| Interests | | | | |

Emergency Contact Details

| | | | |
|-------------|--|---------------|--|
| Full name | | Relationship | |
| Home number | | Mobile number | |

Please Circle Below

Give details where relevant

| | | |
|---|-----|----|
| Would you like to receive Horizons text messages? | Yes | No |
| Would you like to receive our e-news via email? | Yes | No |
| Do you have a driving licence? | Yes | No |
| If so do you have a D1 entitlement? | Yes | No |
| Do you have a valid first aid certificate? | Yes | No |
| Do you have experience of working with children? | Yes | No |
| Do you consent to a DBS check being carried out? | Yes | No |

| |
|--------------|
| Expiry Date: |
| |

Please remember it is your responsibility to inform us if any of your details have changed since your last DBS check.

Declaration of Fitness to take part in the sailing activities

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

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

References (Please complete if this is your first application)

Please give details of two people (not friends/family members) who have known you for at least two years and could provide a reference.

| | |
|-------------------|--|
| Full Name | |
| Address | |
| Email | |
| Contact Number | |
| Connection to you | |

| | |
|-------------------|--|
| Full Name | |
| Address | |
| Email | |
| Contact Number | |
| Connection to you | |



HORIZONS Children's Sailing Charity

Volunteer/Adult Self Disclosure 2017

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.

Title Full Name

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

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

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.

Signature

Date