



HORIZONS Children's Sailing Charity

Volunteer Application Form 2020

This information will be stored on our Database and handled in line with our Privacy Policy.

Personal Details

Full name:	Date of Birth:
Home address:	Postcode:
Mobile:	Landline:
Date of application:	Occupation:
Email address:	
Sailing experience/qualifications:	
How would you like to help Horizons? (e.g Fundraising, instructing)	

Preferences

Please Circle Below

Would you like to receive Horizons text messages (e.g. when we cancel a session)?	Yes	No
Would you be willing to drive the minibus? (You need a D1 entitlement and be aged 25-70)	Yes	No
I agree to follow the Horizons (Plymouth) Code of Conduct	Yes	No
I give permission to Horizons to administer any relevant treatment or medication to when or if necessary (e.g. First Aid, or Use of an epi-pen)	Yes	No
In an emergency situation I authorise Horizons to take me to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that my emergency contact will be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.	Yes	No
For grant application purposes, do you or any of your immediate family have any current or recent connections with the armed forces, including Merchant Navy and fishing fleet?	Yes	No
If you answered yes to the above question, which service are they connected to?		
Do you consent to a DBS check being carried out if necessary?	Yes	No
If your current DBS check is transferable; please provide the Update Service ID number. It is your responsibility to inform us if any of the relevant details have changed since your last DBS check.		

Fitness to take part and health declaration

Are there any medical or other reasons why the participant believes they may require some special consideration? If you circled yes, please provide details in the Further Information Section.	Yes	No
Signature:	Date:	

Emergency Contact Details

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

References: (Only Complete this section 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:



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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:
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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.

Signature:	Date:
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Further Information

Name:

If you circled "Yes" in the Fitness to take part section, please provide additional details here.

E.G. Do we need to know about any coping strategies, or medication that relate to the safety of participants while on or off the water.

Special Category Data

Please Circle Below

I confirm that I have given Horizons the medical information listed on this page (if any) for the purposes of my participation in Horizons activities. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with Horizons legal obligations.

I agree

I do not agree