

Dear Volunteer,

Thank you so much for your enquiry about volunteering with us.

Please take the time to read this information so that your application can go as smoothly as possible.

Please complete the application form **giving as much information as possible.**

**Please read and sign the volunteer agreement.**

When you have done this, **return both** to West Berkshire Mencap, to the address on the form.

Once we have received your form the **references will be taken up** in writing, so please provide a name and address for your referees.

As soon as one of the references comes back satisfactorily we will write to you to let you know.

**Once you have received this confirmation letter** you are welcome to come as often as you like, we will always be pleased to see you.

Again, thank you for your interest, we could not run many of our services without you. We hope you get as much from us as we do from you.

If you are 16 years of age or older you will have to do a **DBS check** with us, please talk to us about this when you start volunteering.

Any queries please phone 01635 41464 or e mail the Children's outreach team leader at [Julie.chaundy@wbmencap.org](mailto:Julie.chaundy@wbmencap.org)

**WEST BERKSHIRE MENCAP CHILDREN'S SERVICES  
VOLUNTEER APPLICATION**

**Please note:** The return of a completed application form does not guarantee you a place within an activity, should your application be successful you will be notified. Please return this form a.s.a.p. allowing us time to contact references as this may be necessary before we can accept you onto a project . Thank-you for your application, all our volunteers are very much appreciated.

Name	Date of birth and age
Address	Home telephone no.
Postcode	Your mobile number (if you have one)
Email	Ethnic Minority

In case of an accident / emergency please provide the following contacts:

Parent(s) name(s)	Their mobile no. (if they have one)
Address (if different from your own)	Tel. No. (if different from your own)
Postcode	

In case we cannot reach your parent(s), please provide a second contact here:

Name of the person you'd like us to contact	Their relationship to you
Address	Home telephone no.
Postcode	Their mobile number (if they have one)

**If you are 16 or under please provide a parental signature here:**

Signature of parent(s).....

Please print name.....

For any yes / no questions below, please circle your answer.

1. What experience have you had with disabled children? (Family neighbors etc.)

.....  
 .....  
 .....

2. Will you go swimming (actually in the water!) with your child? Yes      No

3. Will you go out on trips with your child? Yes      No

4.. Do you have any talents or skills that you think would be useful to use within one of our projects? (E.g. playing a musical instrument, or good at sport etc.)

5.. Are you volunteering as part of your Duke of Edinburgh Award? Yes      No

6. Which school / college (if applicable) are you currently attending?

.....

7. Have you ever done any volunteer work before?

.....

Please provide the name, address (inc. postcode), and status (e.g. teacher, employer, neighbour) of two people who know you well but are not related to you, whom we will contact for references.

Name:	Name:
Address:	Address:
Phone No.	Phone No.
Status:	Status:

Is there anything else that you think would be valuable for us to know? If yes, please use the space below.

Which of the following schemes are you applying to work on (please tick)

Easter activity days 9am – 5pm	Yes	No
Summer activity days 9am-5pm	Yes	No
After School sessions 3.30pm – 6pm	Yes	No

Have you ever been convicted of a criminal offence or been made the subject of any Order, civil or criminal, made by a Court of Law, involving offences against the person, children, or handling money? Yes No

(Answering yes does not necessarily exclude you from volunteering, but reveals honesty

- I understand that I am under an obligation to treat all information concerning the children and their families at West Berkshire Mencap in the strictest confidence

- I understand that there will be some risks involved in working with special needs children but also know that there will be full training and support given.

- All the information on this form is correct to the best of my knowledge.

Signed..... Date.....  
(Please print name) .....

Please return this and the "Health Check Form" to: Children's outreach team leader, The Mencap Centre, Enborne Gate, Enborne Road, Newbury, Berkshire, RG14 6AT.

Feel free to give us a call if you have any questions. All our volunteers enjoy their time with us, and make new friends. Most find the work very tiring but satisfying! I look forward to hearing from you.

Tel: 01635 569875/01635 41464

Email: [Julie.chaundy@wbmencap.org](mailto:Julie.chaundy@wbmencap.org)

## HEALTH CHECK FORM

In order to comply with the Children Act 1989 completion of this health check form is required by everybody involved in our Children's Services. Subject to the answers given it may be necessary to complete a more detailed form which would be sent to you, however, admitting ill health does not necessarily exclude you from volunteering.

---

- A Are you in good health? Yes No
  
- B Are you able to be very active, i.e. do you have good function of your limbs and back? Yes No  
If "no" please give brief reason.....
  
- C Do you suffer from any condition which is likely to render you momentarily unconscious or dizzy? Yes No  
If "yes" please give brief description.....
  
- D Are you currently taking any medication that could cause drowsiness or dizziness? Yes No  
If "yes" please name medication(s).....
  
- E Have you had severe or chronic illness in the last 5 years? Yes No  
If "yes" please give brief description.....
  
- F Have you suffered from anxiety or depressive illness at any time?  
Yes No if "yes" please state nature of illness and its last Occurrence.....
  
- G Please give details of school/work related sickness absence in the last 5 years.  
.....  
.....  
.....

All the information given on this health check form is correct to the best of my knowledge.

Signed..... Dated.....

## Volunteer Agreement

This volunteer agreement describes the arrangement between West Berkshire Mencap children's services and (name of volunteer)

---

We really appreciate your willingness to volunteer with us and will do the best we can to make your experience of volunteering with us enjoyable and rewarding. Our volunteers are really important to us and the people we work with and add enormous value to everything that we do.

### The organisation

Your role as a volunteer is to provide one to one support for children with additional needs, to enable them to play, have fun and socially interact. Our organisation's objectives are:-

- **To provide equal play opportunities for children with a learning disability, with or without a physical disability.**
- **To provide respite for Parents and Carers**
- **To provide training and opportunities for volunteers who want to work with children with a learning disability, with or without a physical disability.**

#### **West Berkshire Mencap commits itself to the following:**

### Induction and training

- To provide you with an introduction to West Berkshire Mencap, the children's services, its staff, your volunteering role and the induction and/or training you need to meet the responsibilities of this role. The Volunteer Handbook provides more information. There is a copy available at the centre, or you can ask for an individual one.
- A brief training session will be provided at various times throughout the year that you will be expected to attend. This session will include information on disabilities, communication and your role as a volunteer.

### Supervision, support and flexibility

- To explain the standards, we expect for our services and to encourage and support you to achieve and maintain them.
- To provide a named person who will meet with you regularly to discuss your volunteering and any successes and problems.
- To do our best to help you develop your volunteering role with us.

### Expectations of the organisation

I, (volunteer's name) \_\_\_\_\_ agree:

- To help West Berkshire Mencap fulfil its services to children with additional needs.
- To perform my volunteering role to the best of my ability
- To follow the organisation's procedures and standards, including those relating to health and safety and equal opportunities, in relation to its staff, volunteers and clients
- To meet time commitments and standards agreed to, and to give reasonable notice so that other arrangements can be made
- To provide referees, as agreed, who can be contacted
- To at all times during the continuance of this agreement and after termination, keep all confidential information confidential.
- The volunteer agrees to, at all times during the continuance of this agreement and after termination, keep all confidential information confidential and, without any limitation, shall not disclose information to any person and shall not use any confidential information for any purpose other than the performance of services.
- Volunteers will under no circumstances photograph the children accessing the services
- Volunteers must not give any personal information to the children accessing our services particularly mobile phone numbers and their own address.
- Volunteers will under no circumstances become friends with any of the children on any social media site.

Signed on behalf of West Berkshire Mencap

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signed by volunteer \_\_\_\_\_

Name (print): \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS AGREEMENT WITH YOUR APPLICATION FORM**