

**SNAAP  
Volunteer Registration Form**

Name	Date of birth
Address	Postcode
Phone	Mobile
Email	

**Skills and interests**

Please list any previous experience that you have with children/special needs (If you do not have any experience please be honest, we understand that everyone has to start somewhere!)

Please list any interests/hobbies/skills that you have (This is so we can ensure you get the best experience volunteering with us)

Please state why you would like to volunteer with SNAAP

**Please tick if you attend any of the following**

<input type="checkbox"/> CCCU	<input type="checkbox"/> School (please state which one)
<input type="checkbox"/> Kent Uni	<input type="checkbox"/> Agency (please state which one)
<input type="checkbox"/> Volunteer Centre (please state which one)	<input type="checkbox"/> Other (please state which one)

**Please tick if you have any of the following qualifications**

<input type="checkbox"/> First aid	<input type="checkbox"/> Child Protection
<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Other: please state

**References**

Please give the names and details of two people (who are not related to you) who can provide a character reference for you. These can be teachers, lecturers, group leaders who have known you for at least 2yrs.

Name		Name	
How they know you & for how long		How they know you & for how long	
Address inc postcode		Address inc postcode	
Phone		Phone	
Email		Email	

**CRB**

Do you have a current CRB?

Yes		No	
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If yes:

Disclosure number		Date carried out	
Carried out by who			

Are you in the process of having a CRB completed?

Yes		No	
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**Medical Information**

Nature of medical condition (if none please write 'none')

Please state any medication that you are currently taking or any emergency medication that you may need to take

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Do you have any allergies? Yes  No  (please state)

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In case of emergency, do you give consent for us to contact the emergency services on your behalf? \_\_\_\_\_

Please state any additional actions you would like us to follow or any information to pass onto the emergency services?

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**Doctors details** (in case of emergency)

Doctors name	
Address	
Phone	

**Emergency contact**

Name		Relationship to you	
Address		Postcode	
Phone		Mobile	

Any additional information

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## SNAAP VOLUNTEER AGREEMENT

This agreement is intended to indicate the seriousness with which SNAAP treats its volunteers, and does not represent a contract of employment. There is no intention of creating a legally binding relationship; the agreement is to make clear our appreciation of your services and your commitment to SNAAP. We aim to do the best we can to make your volunteer experience with SNAAP a productive and rewarding one.

### SNAAP (Special Needs Advisory & Activities Project)

SNAAP agrees to accept the services of \_\_\_\_\_ beginning on \_\_\_\_\_ within the terms of the volunteer policy; and SNAAP commit to the following:

1. To provide adequate information, training and assistance for the volunteer to be able to meet his/her responsibilities and tasks, as agreed in the job description agreed with his/her supervisor who is Natalie Simmons.
2. To ensure satisfactory supervisory support to the volunteer and to provide feedback on performance.
2. To respect the skills, dignity and individual needs of the volunteer.
4. To be receptive to any comments from the volunteer regarding ways in which SNAAP might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with the organisation's staff, jointly responsible for completion of the organisation's goals and the fulfilment of its purpose.
6. To provide a reference, subject to satisfactory completion of tasks and duties.

### The Volunteer

Agrees to act as a volunteer and commits to the following:

1. To perform my volunteer duties as set out in the agreed description, to the best of my ability.
2. To adhere to the organisation's rules and procedures, including health and safety, green office, equal opportunities, confidentiality of organisation and membership information.
3. To meet time and duty commitments as agreed with my supervisor in the attached job description, except in exceptional circumstances, or to provide adequate notice so that alternative arrangements can be made.

### Agreed:

Volunteer \_\_\_\_\_ On behalf of SNAAP \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

### Cancellation

The agreement may be cancelled immediately at any time if the volunteer needs to take up paid work. The agreement may also be cancelled for other reasons at the discretion of either of the parties.

Please complete this form and return to:

SNAAP, Windchimes, Reynolds Close, Herne Bay, Kent. CT6 6DS