



## VOLUNTEER REGISTRATION FORM

Name:	
Address:	
Main telephone number:	
Email address:	
Why would you like to volunteer at St Nicolas School?	
Days and times available (e.g. Monday mornings, Wednesday afternoons, Tuesdays from 11:00 a.m.)	
Do you have any particular skills you would like to share.	
Do you already have a DBS check carried out via Oxfordshire County Council?	



<p><b>Please supply the name and contact details (i.e. email or home address) of a character reference we can contact if necessary</b></p>	
<p>The school is committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.</p> <p>If you have a disability or impairment, and would like us to make adjustments or arrangements to assist you, please state the arrangements you require:</p>	