

Angel Shed Volunteer Application Form

Children's Theatre 1
(Mondays 3.30 - 5.15pm)

Children's Theatre 2
(Mondays 5.00 - 7.15pm)

Youth Theatre 1
(Thursdays 5.00 - 7.15pm)

Youth Theatre 2
(Thursdays 7.15 - 9.00pm)

Music Collective
(Mondays 7.15 - 9.00pm)

Dance Company
(Mondays 7.15 - 9.00pm)

* CT1, CT2 & YT1 for volunteers aged 16+
YT2, MC & DC for volunteers aged 19+

Your details

Name Date of Birth

Phone Gender Identity
(M/F/Other etc.)

Email address

Home address

Postcode

Do you have a DBS check?

Yes

No

Are you on the update service?

Yes

No

If yes: Certificate Number Issue Date

A Disclosure and Barring Service (DBS) check is a way for Angel Shed to check your criminal record, to help decide whether it is suitable for you to work with children and vulnerable adults. You are required to have a DBS check before you can participate in any Angel Shed sessions. Angel Shed will take you through the process and cover all costs involved.

Emergency Contact 1

Full Name

Relationship to you

Phone number

Emergency Contact 2

Full Name

Relationship to you

Phone number

Reference

Name Relationship to you

Phone Email

What experience do you have in the performing arts?

What experience do you have working with children and young people?

Please continue onto a separate sheet if needed

Is there any information you would like us to know about your circumstances?
(regarding physical/mental health or additional needs for example)

Please continue onto a separate sheet if needed

What do you hope that volunteering at Angel Shed will achieve for you?

Please continue onto a separate sheet if needed

Photo/Video Consent

Our workshops and performances may be filmed or photographed. These images and films may be used for evidencing our work, fundraising, publicity or promotional purposes. This might include (but is not limited to) printed and online publicity, social media, press releases and funding applications.

I give permission to be filmed and/or photographed.

Signed Date

Privacy Details

We will never share your information with third parties

Yes No

Would you like Angel Shed to send you information about relevant opportunities from other organisations?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are you happy for your email address to be shared with other volunteers at Angel Shed?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are you happy for Angel Shed to contact you with relevant opportunities after you have stopped volunteering?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

I agree:

- 1) To support Angel Shed's weekly sessions while maintaining an inclusive environment.
- 2) To engage with my volunteering role to the best of my ability.
- 3) To provide emergency contact details and a reference (page 1).
- 4) To a DBS check being carried out and to providing the required documents (page 1).
- 5) To observe all health and safety requirements as directed.
- 6) To read and adhere to the Angel Shed Code of Behaviour (provided following application).
- 7) To have read and understood Angel Shed's Safeguarding Policy before commencing volunteering in and Angel Shed session (provided following application).
- 8) To maintain the confidential information of Angel Shed and its members.
- 9) To attend all sessions agreed to at the start of term, including training sessions.
- 10) To meet time commitments and standards agreed to and to give reasonable notice so that other arrangements can be made when this is not possible.
- 11) That Angel Shed takes no responsibility for any loss or damage to my personal belongings.

Signed Date

Following your application:

If there are volunteering spaces available at the time of your application you will be invited to an informal interview and a DBS check will be carried out.
 If there are no volunteering opportunities available you will be informed and added to our waiting list.

We would be very grateful if you would fill out the following monitoring form. All information remains strictly confidential.

(Office use only)
 Volunteer start date:

* Monitoring is central to ensuring that we continually improve our delivery as an organisation. All information provided on this page is anonymised and it is not used as part of the recruitment process. We greatly appreciate you taking the time to complete this form. If you do not wish to complete any section of this form, please leave it blank.

Angel Shed Theatre Monitoring Form

1. Please tick the box which best describes your ethnic group.

- | | |
|---|---|
| <input type="radio"/> White British | <input type="radio"/> Pakistani |
| <input type="radio"/> White Irish | <input type="radio"/> Chinese |
| <input type="radio"/> White Other | <input type="radio"/> Other Asian / Asian British |
| <input type="radio"/> Mixed – White and Black Caribbean | <input type="radio"/> African |
| <input type="radio"/> Mixed – White and Black African | <input type="radio"/> Caribbean |
| <input type="radio"/> Mixed – White and Asian | <input type="radio"/> Any other Black background |
| <input type="radio"/> Other mixed/multi ethnic background | <input type="radio"/> Arab |
| <input type="radio"/> Indian | <input type="radio"/> Turkish |
| <input type="radio"/> Bangladeshi | <input type="radio"/> Any other ethnicity |

2. Do any of the below apply to you? Please tick all that apply.

- Social/communication impairment (such as Autism Spectrum Disorder)
- Blind/serious visual impairment uncorrected by glasses
- Deaf/serious hearing impairment
- Long standing illness or health condition (such as epilepsy)
- Mental health condition
- Specific learning difficulty (such as dyslexia, dyspraxia, AD(H)D)
- Physical impairment or mobility issues (such as using a wheelchair or crutches)
- Disability, impairment or medical condition not listed above
- None of the above

3. How did you hear about Angel Shed?

- | | |
|--|--|
| <input type="radio"/> Angel Shed website | <input type="radio"/> CANDI tutor |
| <input type="radio"/> Word of Mouth | <input type="radio"/> CANDI workshop |
| <input type="radio"/> Flyer/poster | <input type="radio"/> School/college |
| <input type="radio"/> Social media | <input type="radio"/> Referred by another organization
(please specify) _____ |

4. Have you volunteered before?

- Yes (please specify) _____ No

) "Do any of the below apply to you? Please tick all that apply.

- Carer
- Employed part-time
- Employed full-time
- Full-time parent
- Have a disability or long-term illness
- Self-employed
- Student
- Unable to work due to health reasons
- Unemployed