

Angel Shed Volunteer Practitioner Application Form

Children's Theatre One
Mondays 3.30 - 5.30pm

Children's Theatre Two
Mondays 5.00 - 7.15pm

Youth Theatre 1
Thursdays 5.00 - 7.15pm

Youth Theatre Two
Thursdays 7.15 - 9.00pm

Music Collective
Mondays 7.00 - 8.45pm

Dance Company
Mondays 7.00 - 8.45pm

* CT1, CT2 & YT1 are suitable for volunteers aged 16+

YT2, Music Collective & Dance Company are for volunteers aged 19+

Your Details

Please use CAPITAL LETTERS

Full Name Date of Birth

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

Email address

Home address

Postcode

Do you have a DBS?

Yes

No

Are you on the DBS update system?

Yes

No

If yes: Number

Issue Date

DBS stands for Disclosure and Barring Service and it is a way for organisations working with vulnerable people to see if there is a conviction history of who they employ. If you do not have a DBS you will be required to have one done before you can participate in the sessions. Angel Shed will take you through the process and will cover the costs involved.

Emergency Contact 1

Emergency Contact 2

Full Name

Full Name

Relationship to you

Relationship to you

Phone
Number

Phone
Number

What experience do you have of the performing arts?

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

Do you have any other areas of interest? (e.g. technical, design, fundraising, admin)

Is there any information you would like us to know about your circumstances?
(Emotional, physical, mental health, additional needs etc.)

Do you have a criminal record, cautions or pending court dates?

Yes

No

If yes, please give details

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

(if you are under the age of 18 this needs to be signed by your parent/carer)

Privacy Details

We will never share your information with third parties

	Yes	No
Would you like Angel Shed to send you information about opportunities from other organisations?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like Angel Shed to send you a copy of our privacy policy?	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy for Angel Shed to contact you with relevant opportunities after you have stopped volunteering with us?	<input type="checkbox"/>	<input type="checkbox"/>

References

Referee One/Tutor (if at college/uni)

Full Name

Relationship to you

Number

Address

Postcode

Upon completion or confirmation of your DBS Angel Shed will email you our Safeguarding Policy and Practitioner Handbook. It is your responsibility to read this so that you are up-to-date on how we operate in the theatre with the children and young people.

I agree:

- 1) to let Angel Shed know in advance if I cannot attend a session due to illness, lateness or any other problem.
- 2) to complete evaluation forms for each term.
- 3) to treat the volunteer placement as if it were a professional assignment.
- 4) to be punctual and presentable.
- 5) to observe the rules, regulations and policies of Angel Shed.
- 6) to observe all Health & Safety requirements as directed.
- 7) to read Angel Shed's Child Protection & Safe Guarding Policy and Code of Conduct
- 8) to not befriend any children or young people on social networking sites.
- 9) to attend training sessions when required.
- 10) that Angel Shed takes no responsibility for loss or damage of my personal belongings.

Signed Date

Send this application form:

by **post**: Angel Shed Theatre Company, CANDI, 444 Camden Road, N7 0SP

by **email**: info@angelsheadtheatre.org.uk