

# BOSCAPS 2019 Helpers Form

Name ..... Emergency No .....

Date of Birth (ESSENTIAL) ..... Doctor's Name .....

NI Number ..... (Over 16) Doctor's Address .....

Address .....

.....

Postcode .....  Any allergies / Medical issues

Home No ..... Medication we need to be made aware of:  
e.g. Inhaler / EpiPen

Mobile No .....

## Days Available (✓)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

## Preferred Area - Please select one (✓)

Arts and Crafts

Sport

Tuck Shop

Registration

Would you be interested in helping with setting up on 2nd August? Yes  No

Any relevant experience with children

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## Experience (Areas worked at BOSCAPS previously)

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DBS ..... Number of VALID DBS .....

DBS for BOSCAPS  Completed  Pending

## T-Shirts

Have you a T-Shirt from last year?  Yes  No

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Signature of Volunteer Signature of Parent/Legal Guardian if under 18

### FOR OFFICE USE ONLY

DBS  Pending  Not Passed