

BOSCAPS 2021 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 Would you be interested in helping Yes No
with setting up on 30th July?

Sport

Tuck Shop Any relevant experience with children

Registration

Dance

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Have you previously volunteered at BOSCAPS? Yes No

Details

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DBS Number of VALID DBS

DBS for BOSCAPS Completed Pending

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

FOR OFFICE USE ONLY

DBS Pending Not Passed