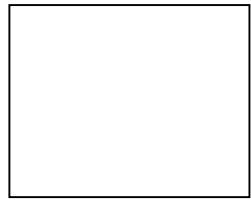




# HORIZONS Children's Sailing Charity Volunteer / Membership Form



Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ E mail \_\_\_\_\_

Occupation \_\_\_\_\_

Interests \_\_\_\_\_

Please give details of Sailing / boating experience or RYA qualifications \_\_\_\_\_

\_\_\_\_\_

Have you a driving licence? Yes  No

Have you an in date 1<sup>st</sup> Aid Certificate? 

Exp date If known
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 Yes  No

Have you ever worked with children? Yes  No

Do you consent to CRB checks being carried out regarding working with children? Yes  No

Details of any disabilities or medical treatment being received (if none state none) \_\_\_\_\_

Where would you envisage your help with Horizons could be best used \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

5 Richmond Walk  
Devonport  
Plymouth PL1 4LL  
  
Tel No 01752 605800  
Email: horizons.plymouth@onetel.net

Office CRB Received	<input type="checkbox"/>
Child Protection Training completed	<input type="checkbox"/>
C:/horizons/mydocuments/volunteering/1-VAF.doc	



# HORIZONS Volunteer

**Self-disclosure form for applicants for posts involving contact with children and/or vulnerable adults** *Revised Jan 09*

Horizons (Plymouth) is committed to safeguarding children from physical, sexual and emotional harm. As part of our Child Protection policy, we require volunteers in posts involving contact with children to complete a CRB form and this self-disclosure form (whilst awaiting the return of the CRB). Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

**Name** \_\_\_\_\_

**1** Have you ever been convicted of any criminal offences? YES  NO

If yes, please supply details of any criminal convictions. \_\_\_\_\_

*Note: You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 you should declare all convictions including 'spent' convictions cautions warnings and reprimands.*

**2** Are you a person known to any Children and Families Social Care Department as being an actual or potential risk to children? YES  NO

If yes, please supply details. \_\_\_\_\_

**3** Have you ever had any disciplinary sanction relating to child abuse? YES  NO

If yes, please supply details. \_\_\_\_\_

**Declaration** I declare that to the best of my knowledge the information given above is correct and understand that any misleading statements or deliberate omission may be sufficient grounds for cancelling my appointment. I understand that I will be asked to apply for a Criminal Records Disclosure and consent to do so if required. I understand that the information contained in this form and in the Disclosure may be disclosed, where strictly necessary, to regulatory bodies and/or third parties who have an interest in child protection issues.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_