



## Volunteer Application

| Volunteer's General Information                                                                                                                    |                |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|
| Name:                                                                                                                                              | Date of Birth: | Current school/college |
| Address:                                                                                                                                           |                |                        |
| Phone number(s):                                                                                                                                   |                |                        |
| Email address:                                                                                                                                     |                |                        |
| Emergency Contacts                                                                                                                                 |                |                        |
| Contact 1: Name:                                                                                                                                   | Phone number:  |                        |
| Relationship to volunteer                                                                                                                          |                |                        |
| Contact 2: Name:                                                                                                                                   | Phone number:  |                        |
| Relationship to volunteer                                                                                                                          |                |                        |
| Medical Information                                                                                                                                |                |                        |
| Medical conditions (including any allergies):                                                                                                      |                |                        |
| Treatment required for known medical conditions:                                                                                                   |                |                        |
| Please ensure that any medication needed for a known condition (i.e. inhalers, epi pens) is brought with and kept with the volunteer at all times. |                |                        |
| I (parent/guardian) consent to first aid treatment being given if needed : YES / NO                                                                |                |                        |
| About the role                                                                                                                                     |                |                        |
| Volunteer job role:                                                                                                                                |                |                        |
| Dates you are volunteering for:                                                                                                                    |                |                        |
| Any other information                                                                                                                              |                |                        |

| Consent                                                                                                                                    |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| I (volunteer) consent to volunteering at Calderdale Music and agree that all information given above is correct.                           | Signed (volunteer):<br><br>Date:    |
| I (parent/carer) consent to _____ (volunteer name) volunteering at Calderdale Music and agree that all information given above is correct. | Signed (parent/carer):<br><br>Date: |

## Volunteer Media Consent Form

Often, we take photographs and videos of volunteers working at Calderdale Music. We use these images in our displays, prospectus or in other printed publications that we produce, as well as on our website and social media pages (Facebook, Instagram and X formerly known as Twitter). Please complete the separate Media Consent form if you agree to be included in photos and videos that may be used on social media and on our website.

**If the form is not signed, we cannot, and will not use the photographs/videos. This will not affect the student's right to volunteer with us**

---