**Volunteer Application**

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| **Full Name:** |  |
| **Address:** |  |
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|  |  |
| **Postcode:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |

**Why are you applying to volunteer at Victoria Park Academy?**

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**What are you volunteering to do?.... reading, classroom assistant?**

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**What days and times are you available to volunteer?**

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**Do you have children in the school? Which classes are they in?**

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**Do you have any medical needs or disabilities that we should be aware of?**

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| **Signed:** |  |
| **Print name:** |  |
| **Date:** |  |