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| **TO BE COMPLETED BY VOLUNTEER MANAGER** |
| **Volunteer Name:** |       |
| **Role Title:** |       |
| **Brief details of the role duties:***(OR attach the Volunteer Role Description)* |       |
| **Frequency of Volunteering:***(e.g. three times a month / every Wednesday afternoon 1pm-5pm)* |       |
| **Will the Volunteer require a DBS?***(Please contact HR for advice on DBS eligibility)* | Yes [ ]  No [ ]   | If **NO**, please sign and date this form and keep on file with the volunteer information form.If **YES**, please continue to fill out this form. |
| **Type of DBS Check required** | [ ]  Standard [ ]  Enhanced [ ]  Enhanced (with Barred List) |
| [ ]  Adults [ ]  Childrens [ ]  Both  |
| **Will the person be supervised?** | Yes [ ]  No [ ]   |
| **Do they have contact with children or vulnerable adults?** | Yes [ ]  No [ ]   | If **YES**: Children [ ]  Adults [ ]  Both [ ]  |
| **Will they receive any payment?** | Yes [ ]  No [ ]   | If **YES**, amount:       |
| **Will this volunteering work result in any personal gain**? *(e.g. college entry)* | Yes [ ]  No [ ]   | If **YES**, what gain?:       |
| **Manager Print Name:**       **Manager Signature:**.      **Date:**       |

**SEND A COPY OF THIS COMPLETED FORM, AND A COPY OF THE COMPLETED VOLUNTEER INFORMATION FORM TO** **hrdirect@denbighshire.gov.uk** **FOR A DBS CHECK TO BE UNDERTAKEN.**