|  |  |  |  |
| --- | --- | --- | --- |
| **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**](mailto:hrdirect@denbighshire.gov.uk) **FOR A DBS CHECK TO BE UNDERTAKEN.**