



11th-16th August 2012

Volunteer Application Form

Personal Details (please print)

Title: _____ Name: _____ Surname: _____

Home Address: _____

Postcode: _____

Telephone No: _____ Mobile: _____

Email: _____ Date of Birth: _____

Nationality: _____

Church Details

Church Name: _____ Address: _____

Postcode: _____

Telephone no: _____ Minister's Name: _____

How Long Attended: _____ If less than two yrs, previous church details: _____

Please give details of any areas you serve in at your church? _____

Team Details Please tick preference

Crèche Team (0-4s)	Youth café	Set-up/Breakdown Team
Children's Team (5-7s)	Stewards Team	Admin Support Team
Children's Team (8-11s)	Youth Stewards Team	Day Gate Team
Youth Team (12-14s)	Youth Team (15-17)	Audio Visual Support Team
Euphoria Team (20-30's)	Village Host	Special Needs Team
Ministry Team (adults)	Sports Team	Signers

Accommodation Details:

Are you planning to camp on-site? (Yes / No).

If so, is there a church group you would like to camp with? _____

What will you be bringing with you? (Please tick as appropriate)

Caravan [] Awning [] Motor Home [] Trailer Tent [] Large Tent [] Small Tent []

Hook Up [] (please note charge of £6 per night).

NB: PLEASE ENSURE THAT TWO PASSPORT SIZE PHOTOS ACCOMPANY YOUR APPLICATION FORM

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Skills and Experience

Please tell us about,

a) Any artistic, dramatic, musical skills you would be able to contribute. _____

b) Any current first aid, medical qualifications or in training in first aid for infants, any experience/training in administering an Epi-pen. _____

c) Have you had R.Fire/PWL Child Protection Training? _____ When? _____

Please provide details of your previous experience for the role you have applied for? _____

Medical Details:

Please note this does not necessarily affect your acceptance on the team.

Are you receiving treatment for any medical conditions? Y / N

Do you have a disability, weakness that may affect your ability to fulfil any duties? Y / N

Have you received treatment or counselling for a depressive illness in the last two years? Y / N

If yes, please provide details. _____

Personal Statement

Please tell us why you are applying to volunteer at Detling? _____

How long have you been a Christian and briefly tell us how you came to faith in Christ? _____

Referees

Please provide us with details of **two** referees, (not family members please) who have known you for **over two years**, one of whom must be a church leader/minister/elder or youth leader.

Reference 1: Title _____ Name _____ Surname _____

Address _____

Telephone _____ **email (preferred)** _____

Position at Church and relationship to you _____

Reference 2: Title _____ Name _____ Surname _____

Address _____

Telephone _____ **email(preferred)** _____

Position at Church and relationship to you _____

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Disclosure

*This position is exempt from the Rehabilitation of Offenders Act 1974, and you are required to disclose all convictions, cautions, reprimands or final warnings, including those that have become spent. For motoring convictions please only answer yes if it resulted in disqualification. (Please note: A criminal record does not necessarily exclude you from working with us. Each case will be treated individually).

Have you ever been charged with or convicted of a criminal offence in this or any other country?

Yes No (Please tick)

Are you at present the subject of criminal investigations?

Yes No (Please tick)

Has your conduct ever caused mental/physical harm to a child or young person or vulnerable adult or put any child or vulnerable person at risk?

Yes No (Please tick)

If yes, please give details: _____

CRB Certificates:

Volunteers for Children's, Youth and Special Needs Team are required to have a **CRB check**. Volunteers for other roles must have a current CRB Certificate obtained by R.Fire/PWL dated after 1.9.09. Where necessary we will send you a new Application Form.

Declaration

I confirm that I have read and fully understood the duties of the Detling Volunteer in the job description sent and agree to abide by the procedures laid down by the leadership team. I agree that as a volunteer my primary concern is to serve with my team. I declare that to the best of my knowledge the information I have given is true and accurate and I consent to this information being retained by People without Limits, for the referees named to be contacted and for the information given in this form to be disclosed to them. I also consent to further checks being made with the relevant authorities if necessary.

Signed _____ Dated _____

**Please return your completed form to
People without Limits
2nd Floor Suite Turkey Court
Turkey Mill, Ashford Road
Maidstone
ME14 5PP**