

Volunteer Application Form (Confidential)

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| This form must be completed by all applicants for voluntary work with <i>(Ministry Unit Name)</i> | | | |
| This information requested will: <ul style="list-style-type: none"> • Provide insight into the applicant's experience, gifts, abilities, and resources. • Highlight an applicant's responsibilities as a leader. • Remain confidential. | | | |
| On completion, please forward this form to | | <i>(Ministry Unit leader and contact details)</i> | |
| PERSONAL DETAILS | | | |
| Name in full | | | |
| Title | Mr / Mrs / Ms / Other | M / F / Other | |
| Preferred Name | | Date of Birth | / / |
| Occupation | | | |
| Phone | | Email | |
| Address including Postcode | | | |
| Emergency Contact Details | | | |
| Name | | Relationship | |
| Phone | | Email | |
| Address | | | |
| ROLE | | | |
| I am applying for the role of | | | |
| Team leader | | | |
| REFEREES | | | |
| Before your application can be approved, please provide details of three people who have agreed to be your referees. None should be a family member or live at the same address as you. | | | |
| <ol style="list-style-type: none"> 1. If you have been attending the Ministry Unit for less than 6 months, one referee should be from the leader of your previous church. 2. One referee should be a previous employer. 3. At least one of your referees should have known you for at least five years. | | | |
| <i>Referee Contact Details</i> | | | |
| Name | | | |
| Phone | | Email | |
| Address | | | |
| <i>Referee Contact Details</i> | | | |
| Name | | | |
| Phone | | Email | |
| Address | | | |
| <i>Referee Contact Details</i> | | | |
| Name | | | |
| Phone | | Email | |
| Address | | | |
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For the following section, please use an additional page if necessary to provide your answers.

INFORMATION to support your application:

1. Please outline your reasons for offering to work within this ministry unit.

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2. What experience do you have working with children, young people and/or adults, that is relevant to this position?

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3. Please list any relevant qualifications and/or training that you have attained or attended (including first aid):

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4. Is there any medical condition, relevant information or limitation that may affect your ability to fully participate as a volunteer?

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Safeguarding Statement

Children, young people and vulnerable adults who are involved in our activities should receive the highest possible standard of care and protection. Therefore, in all our work, we seek to ensure the well-being and development of each child, young person and vulnerable adult. Within this context, we are committed to the protection of children, young people and all people from all forms of abuse.

1. Have you ever been interviewed, questioned, or charged by police in relation to any offence involving children, young people, vulnerable adults, violence, alcohol or drugs? (circle)

YES / NO

2. Have you ever been convicted of any offence involving children, young people, violence, vulnerable adults, alcohol or drugs? (circle)

YES / NO

If you answered YES for either of these questions, please provide additional information. You may also choose to discuss this with the person receiving your application.

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I confirm that the information contained in this application is true and correct. I have read the Diocesan Safety Policy and Guidelines and agree to adhere by it.

If application is aged under 18yrs, parent or guardian must also co-sign*:

| | | | |
|--------|--|--------|--|
| Name | | *Name | |
| Signed | | Signed | |
| Date | | Date | |

Office Use Only:

| | | | | | |
|-------|--|-----------|--|--------------|--|
| Rec'd | | TL | | Renewal | |
| Refs | | Interview | | Police check | |
| Name | | Signature | | Date | |

Ministry Unit to return this form to the Diocesan Safeguarding Coordinator.