



VOLUNTEER APPLICATION FORM

Confidential

This form must be completed by all applicants for voluntary work with: _____
Name of Ministry

Ministry Team Leader: _____

The information requested will:

- provide an insight into the applicant's experience, gifts, abilities and resources.
- highlight an applicant's responsibilities as a leader.
- remain confidential

I am applying to be a volunteer for:

- _____
- _____
- _____

PERSONAL DETAILS

Name in full: _____ Mr. Mrs. Ms. Miss
Please print

Preferred Name: _____ DOB / / M F

Occupation: _____

Home Address: _____

Postcode: _____

Postal Address: _____
If different from above

Postcode: _____

Phone (H): _____ (W): _____

Fax: _____ (M): _____

Email: _____
Please print clearly

REFEREES

Before your application can be approved, please give details of two people who have agreed to be your referees. Neither should be a family member.

Referee 1

Referee 2

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Home phone: _____

Home phone: _____

Mobile: _____

Mobile: _____

PLEASE TELL US ABOUT YOURSELF

1. Please outline your reasons for offering to work with children/young people or adults, where more applicable.
2. What experience do you have of working with children and young people or adults, where more applicable?
3. Please list any relevant qualifications and/or training that you have attained or attended (including first aid).
4. Is there any medical condition, relevant information or limitation (e.g. epilepsy) that may affect your ability to fully participate as a volunteer? (Please give details)

CHILD PROTECTION STATEMENT

Children and young people 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 and young person. Within this context,is committed to the protection of children and young people from all forms of abuse.

1. Have you been interviewed, questioned or charged by Police in relation to any offence involving children, young people, violence, alcohol or drugs?
Yes No
2. Have you been convicted of any offence involving children, young people, violence, alcohol or drugs? If 'yes' for either question, please give details or you may choose to discuss this with the person named on the front of this form.
Yes No

If 'yes' for either question, please give details or you may choose to discuss this with the person named on the front of this form. _____

All applicants are required to undergo a check done through the Police Vetting Service.

DECLARATION

- I confirm that the information contained in this application is true and correct.
- I have read the SafeHere/ChildSafe Team Member s Pocket Guide and agree to abide by its guidelines.
- If applicant is under 18, parent or guardian must also sign.

Name: _____
Signed: _____
Date: _____

Name: _____
Signed: _____
Date: _____

OFFICE USE ONLY: Renewal date:

Refs: 1 2

Working with Children check:

Name: _____
Appointment Authority

Signature: _____

Date /...../.....