

Kids Church Volunteer Application Form

CONFIDENTIAL

PERSONAL DETAILS

Name in full *(Please print clearly)*:

Mr / Mrs / Ms / Miss

M F

Preferred Name: DOB / /

Occupation:

Home Address:

Postcode:

Postal Address:

Postcode:

Phone (H): (W): (M):

Email: *(Please print clearly)*:

EMERGENCY CONTACT DETAILS

Name:

Relationship:

Address:

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.

Contact details:

Contact details:

Name:

Name:

Address:

Address:

..... P/C:

..... P/C:

(H):

(H):

(M):

(M):

This form must be completed by all applicants for voluntary work with

Kids Church

The information requested will:

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

On completion, please forward this form to

Alex Thompson

I am applying to be a volunteer for:

Kids Church

My Team Leader:

Cecile Vermeulen

OFFICE USE ONLY: Renewal Date / / 20.....

References Checked: 1 2 WWC check logged in SMO

Appointment Authority: Name..... Signature..... Date / / 20.....

PLEASE TELL US ABOUT YOURSELF

- 1. Please outline your reasons for offering to work with children, young and/or vulnerable people.

- 2. What experience do you have of working with children or other vulnerable people?

- 3. Please list any relevant qualifications and/or training that you have attained (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 & PRIOR CONDUCT

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, I, is committed to the protection of children and young and vulnerable people from all forms of abuse. *(Applicant name)*

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? 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.)

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All applicants are required to undergo a Working with Children and/or Police Check.

3. Have you read, understood, and will you abide by, the organisation child safe Policy and Code of Practice (Conduct)? Yes No

I confirm that the information contained in this application is true and correct.
I agree to abide by the organisations' child safe guidelines, as per the policy and code of practice provided.
If applicant is under 18, parent or guardian must also sign below.

Applicant Name: Guardian Name:

Signed: Signed:

Date:/...../20.... Date:/...../20....