

VOLUNTEER TEAM ANCILLARY FORM



Please complete this form as fully as possible using BLACK INK and BLOCK CAPITALS

Please note that if you have a disability and you require this form in another format, such as large print or cd, please contact us using the contact details on the second page of this form.

Personal Details

Title.....Full forenames..... Surname.....

Contact address..... Alternative address.....

.....

Postcode..... Postcode.....

Current Occupation..... Dates at this address.....

Telephone no. day..... Day.....

Evening..... Evening.....

Email..... Mobile.....

Date of birth.....Age..... Male / Female

If your address/surname has changed in the last year, please give previous postcode/surname.....

Names and ages of children who will accompany you.....

If you are a student or teacher, please indicate which and where.....

Emergency Contact Details

(NB: This should NOT be someone who is there with you.)

Name..... Telephone no. day..... Evening.....

Relationship to you..... Mobile.....

Address (if different from above).....

Church Information

Please give details of a church leader who knows you well. We may contact them for a reference.

Name of Church you attend.....Name of leader.....

Role of leader in churchTelephone no.....

Email.....

Event Details

Which event(s) did you serve on within the last 12 months as a team member?.....

Which event(s) are you planning to serve on within the next 12 months? 1.....2.....

3.....4.....

Missions only

When are you available to serve this year? From..... to..... I can serve 1 week / 2 weeks

If you have a preference for a particular age group, please specify.....

Would you be willing to serve as part of a drama group? (No experience necessary) Yes No

Can you play a musical instrument? What type? Yes No

Will you bring it with you? Yes No

Will you bring a car & will you have spare capacity if a team member needs a lift? Yes Yes No

Would you be willing to serve as part of a catering team? (No experience necessary) Yes No

Would you be willing to serve as part of a worship group? Yes No

Health and Safety

Answering yes to any of these questions will not necessarily exclude you from re-appointment.

Please comment as fully as you feel appropriate. Use a separate sheet if necessary.

Do you have any medical conditions/allergies (e.g. hay fever, allergy to certain foods)? Yes No (give details)

Do you require a special diet? Yes No (give details)

Do you have any special needs or disabilities? Yes No (give details)

Recent Experience

Any experience you have gained in the **past year** in youth or children's work, either inside or outside the church.

Any practical experience you have gained in the **past year** (e.g. leadership, administration, art, photography, sports etc.).

Any relevant qualifications or practical training certificates you have gained in the **past year** (e.g. life saving, first aid etc.). Please give details and the dates qualifications were obtained.

Data Protection Statement

Face2Face will hold your address details on file but will not release the information to any third party. Some further details may be shared with a team leader. An address list may be shared with team and young people at a particular event, unless you ask for this not to occur.

Do you give your consent to this? Yes No

Confidential Declaration

The post for which you are applying is exempt from the 'Rehabilitation of Offenders Act 1974' but we may need to ask you to complete a form authorising the Criminal Records Bureau to run a disclosure on you. This is a government requirement for all those working with vulnerable persons, which include children and young people.

Do you have any current or spent criminal convictions, cautions, bindovers, reprimands/cases pending? Yes No

Do you have any medical conditions or any allergies? Yes No

Are you currently receiving any medical treatment? Yes No

Are you currently receiving any treatment/counselling for a depressive or mental illness in the past 3 years? Yes No

If yes, please give details and continue on a separate piece of paper if necessary:-

- (i) I have read and affirm the Statement of Belief held by Face2Face Educational Trust.
- (ii) I will seek to maintain the unity of the team with which I am working, being willing to put aside my denominational / church preferences and practices where necessary.
- (iii) I have read & agree to comply with the Child Protection Policy of Face2Face Educational Trust.
- (iv) I have completed all sections of the form accurately, to the best of my knowledge.

Signed..... Date.....

Thank you for taking the time to complete this update form. Please return to your event leader.

Event Leader Sign Off

I have kept a copy of this form. Yes No

Print Name..... Event Name..... Date.....

Any queries please contact:

Kevin Moore, Face2Face Educational Trust, 76 Fairfields, Thetford, Norfolk, IP24 1LB

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