

CONFIDENTIAL

JUNIOR TEAM MEMBER FOR (event



Please complete this form 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.....
.....	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.....	
If you are in full time employment, what is your present job or occupation?.....	
If you are a student or at school, please indicate.....	

Emergency Contact

In case of an accident or emergency during your time on an event, please provide contact details of your next of kin.
(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).....		

Event Details

Did you serve on an event last year as a junior team member? If so which one?.....

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 <input type="checkbox"/>	No <input type="checkbox"/>
Can you play a musical instrument? What type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you bring it with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you bring a car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be willing to serve as part of a catering team? (No experience necessary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be willing to serve as part of a worship group?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Church Leader

Please ask your church leader to complete this section. We may contact them for a fuller reference.

I support this application to join a Face2Face team. In my view there is no reason why the applicant should not be considered suitable to work with children and young people. I confirm that to my knowledge the applicant has a developing relationship with God.

Name..... Name of church.....

Signed..... Address of church.....

Position in church..... Postcode.....

Telephone no..... Email.....

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 or any allergies (e.g. hay fever, allergy to certain foods)? **Yes** **No** (give details)

Are you currently receiving any medical treatment? **Yes** **No** (give details)

Have you received treatment or counselling for depressive illness in the past year? **Yes** **No** (give details)

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

Parental Permission

Do you give permission for your son/daughter to be given medicine under adult supervision (e.g. paracetamol)? Yes No

When was the last tetanus injection? (give date)

Was the primary course and booster completed? Yes No

In an emergency and if I am not contactable I give consent for my son/daughter to receive medical treatment (including anaesthetic). (NB: The event leaders will always try to contact you first if at all possible).

Signature:.....

I agree to my son/daughter leaving the site alone for a short and specified period of time.

Signature:.....

Declaration

The post for which you are applying is exempt from the Rehabilitation of Offenders Act 1974; it may also be subject to a CRB Enhanced Disclosure and you will be asked to complete a form if necessary. Scripture Union's policy on 'Employing people with a criminal record' is available upon request.

Do you have any current or spent convictions, cautions, bindovers, reprimands or cases pending?

Yes No

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

- (i) I have read and agree to abide by the leaflet entitled Ministry with Scripture Union.
- (ii) I understand that I will not be in sole supervision of a group of children or young people.
- (iii) 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.
- (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 form. Please return to your event leader.

Christian Life

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

Would you consider yourself to be a Christian?

Yes No

If yes explain how you became a Christian and how your faith impacts your life.

Please share about your Church and any involvement you have had with children or young people.

Please share what you want to gain from this experience.

Event Leader Sign Off

If you are the event leader, please sign here if you have seen this form.

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

Any queries please contact:

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

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