



Team Member Application Form

CONFIDENTIAL

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

PERSONAL DETAILS

Name in full (*Please print*):

Mr / Mrs / Ms / Miss M / F

Preferred Name: DOB / /

Occupation:

Home Address:

..... Postcode:

Postal Address:

..... Postcode:

Phone (H): (W):

Fax: (M):

Email: (PLEASE PRINT CLEARLY).....

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.

EMERGENCY CONTACT DETAILS

Name:.....

Relationship:

Address:

..... Postcode:

Phone (H): (W):

(M):

On completion, please forward this form to

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):

I am applying to be a volunteer for:

-
-
-

My Team Leader

OFFICE USE ONLY: Renewal date: Refs: 1..... 2..... WWC check:

Appointment Authority Name..... **Signature**..... **Date**/...../.....

PLEASE TELL US ABOUT YOURSELF

1. Please outline your reasons for offering to work with children/young people.
2. What experience do you have of working with children and young people?
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? 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 (or Police Records) Check.

I confirm that the information contained in this application is true and correct.
I have read the *ChildSafe Team Member's Pocket Guide* and agree to abide by its guidelines.
I agree to have my information stored on the secure Safety Management Online website.
If applicant is under 18, parent or guardian must also sign.

Name:..... Name:.....

Signed:..... Signed:.....

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