

Volunteer Application Form (VA1)



PERSONAL DETAILS

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
Contact Numbers.	Mobile: Home:	Email address	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
Home Church	<input type="text"/>		

ABOUT YOU

Describe how and when you became a Christian

Describe your reasons for wanting to become a volunteer

Provide details of how you are involved in the work of your local church

Provide details of previous experience/ training concerning children/young people

Provide details of skills/interests which you would like to use as a volunteer i.e. music, sport, cooking, crafts, story telling etc.

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Describe your relationship with the Lord over the past year.

REFERENCES

Please provide the names of two people who must be at least 21 years old. Referees must be someone you have known for three years or more. One should be your Minister or Pastor. The other can be a teacher/employer/doctor or similar professional. Friends or family are not permitted as referees.

Name:	Name:
Address:	Address:
Postcode	Postcode
Contact Number:	Contact Number:
Relationship to you:	Relationship to you:

MEDICAL HISTORY

How would you describe your general health, including known allergies etc.	
Please detail any special requirements you may have (diet or other wise) or medication you are currently taking.	

POLICE RECORD CHECK & DECLARATION

At Hope For Youth Ministries, safety of both children and young people as well as other volunteers is our highest priority. Access to Police records can help to ensure a safer environment for those who are taking part in all aspects of the work. By signing below, you are giving consent to a Police check on your personal details for known convictions and other information of relevance. I authorise the referees detailed in this application to give 'Hope for Youth Ministries' any information they may have regarding my character and fitness to work with children and young people. I understand that if I work in a volunteer capacity and my character and morals are deemed to be inappropriate and/or criminal, 'Hope for Youth Ministries' shall be entitled to terminate my volunteer services. The information contained in this application is correct to the best of my knowledge.

Name (Print)	signature	Date
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If under 18, please have a parent/ Guardian counter sign this form. I

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Parent/Guardian give permission for

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 to be considered as a volunteer as detailed above.

Name (Print)	signature	Date
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Please return all application forms to: Hope For Youth Ministries, 6 Hawthorn Hill, Kinallen, Dromara BT25 2HY