**Wadsley Church Ministries**

**Volunteer Application Form**

Name: Age:

Date of Birth: Nationality:

Address:

How long have you lived at this address?

Previous address if less than 2 years:

Phone Number: Email:

Which ministry/ministries are you applying to volunteer for? (Tick all that apply)

* Children’s Work
* Youth Work
* SALT.ed

1. Why would you like to volunteer for the above ministry/ministries?

1. What skills and experience do you feel you could bring to your chosen ministry/ministries?
2. Do you have any previous experience (either employed or voluntary) which will be relevant to this ministry?
3. Have you had any relevant training? If yes, please specify. If no, would you be willing to take part in training?
4. Do you have any health issues that we need to be aware of / make adjustments for?  If so, can you briefly outline them?

Please tick as appropriate:

* I am a member of Wadsley Church.
* I am a member of another church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I agree to respect the Christian ethos of the group I am serving, and I will work in sympathy with the aims and objectives of Wadsley Church.
* I am a follower of Christ, and with God’s help, I am striving to live life in accordance with my faith.

Safeguarding:

* I have read and understood the Wadsley Parish Church Safeguarding Policy and I commit to working within its stipulations.
* I consent to Wadsley Parish Church carrying out a DBS check and will provide the relevant ID.
* I agree to attend relevant safeguarding training sessions.

Thank you for filling in the application for volunteering, if you have any questions please do write them down below, or feel free to ask.

References

Reference one - Professional (current or previous employer)

Name:

Relationship to you:

Email address:

Reference two - Character (must be someone who has known you for more than 2 years who is not a relative)

Name:

Relationship to you:

Email address:

Emergency Contact Details

Please provide the contact details of one person we can get in touch with in the event of an emergency.

Name:

Relationship to you:

Phone Number:

Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

We will not pass your data on to a third party and this information will only be used into relation to this role.