

# APPLICATION FORM for VOLUNTARY WORK with CHILDREN AND YOUNG PEOPLE

We ask all prospective volunteers working with Children and Young People to complete this form. If there is insufficient room to fully answer any question, please continue on a separate sheet.

Waypoint Church obtains and stores this personal data in line with Data Protection legislation as it is in the legitimate interests of Waypoint Church for the purposes outlined in this form.

The information given on this form will be stored and made available to the relevant group and activity leaders as necessary. You may withdraw your consent at any time. If withdrawn, the processing will stop unless there is a statutory requirement to retain the data. Once consent is withdrawn any participation relating to the consent will cease.

Full details of our obligations are in our Data Protection Policy which is available on request and Privacy Notice which is available on our website and on request.

#### 1. Personal Details

1. 1 Cisoliai Details	
Full Name	
Maiden/All former Name(s)	
Date and place of birth	DD / MM / YYYY
Address	
Postcode	
How long have you lived at the above address?	Years
Home Telephone No.	
Mobile Telephone No.	
Email address	



## 2. Church History (if applicable)

Please tell us which Churches you have attended (past & present) with dates and your involvement at them

Church Name & Address	Years Attended	Volunteer Experience? Yes/No	If Yes – What Role and Responsibilities Did You Have?

## 3. Volunteer/Paid work experience History

Please tell us of any experience you have of working with Children and Young People (voluntary or paid) outside of the Church

Name of Organisation	Years Involved	Position and Responsibilities Held	Age Range of Children/Young People You Have Worked With.



Please give a sun	nmary of why you wish to voluntee	r wi	th Children and/o	r Young People
E Vour gifts on	d avalities			
5. Your gifts an	a quanties plain your gifts and qualities and ho	11/1/11/11	nev will impact th	e Team and role you will he serving
in.	orani your girts and quanties and no	JVV LI	iey wiii iiiipact tii	e realifatio fole you will be serving
6. References				
_	ames, addresses, email addresses, t ell and who would be able to give a			
•	_	•		riage, must be over 18 and at least
	uld be able to talk about your abilit			_
Name			Name	
Address		1	Address	
Address			Address	
Postcode			Postcode	
Email Address			Email Address	
Contact No.			Contact No.	
		7		
Role			Role	



#### 7. Declaration

Because of the nature of the work for which you are applying this position is exempt from the provision of section 4(ii) of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975), and you are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and in the event of appointment, any failure to disclose such convictions could result in the withdrawal of approval to work with children and/or young people within the church.

Have you ever had an offer to work with Children/Young People declined?				
☐ Yes ☐ No Please tick (☑) if yes, please give details				
Do you suffer or hove you suffered any illness which may directly affect your work with shildren or				
Do you suffer, or have you suffered any illness which may directly affect your work with children or				
young people?  ☐ Yes ☐ No Please tick (☑) if yes, please give details				
Tes Lino Please tick (Lin) if yes, please give details				
Have you ever been charged with, received a caution for or convicted of a criminal offence; or are you				
at present the subject of criminal investigations?				
(NB The disclosure of an offence may not prohibit your appointment.)				
☐ Yes ☐ No Please tick (☑) if yes, please give details including the nature of the offence(s) and dates				
Have you ever been involved in court proceedings concerning a child for whom you have parental				
responsibility?				
☐ Yes ☐ No Please tick (☑) if yes, please give details and dates				
Has there ever been any cause for concern regarding your conduct with children?				
☐ Yes ☐ No Please tick (☑) if yes, please give details and dates				
To your knowledge have you ever had any allegation made against you which has been reported to, and				
investigated by Social Services and/or the Police?				
☐ Yes ☐ No Please tick (☑) if yes, we will need to discuss this with you				
Because of the nature of the duties you would be expected to undertake, you will be required to co-				
operate in obtaining an Enhanced Disclosure from the Disclosure and Barring Service.				
I confirm that the submitted information is correct and complete.				
I confirm that there is nothing in my past that would call into question my suitability to work with Children and Young people.				
Circulation Deliver Manager				
Signed: Date: DD / MM / YYYY				

(March 2023)