



Arun Community Church: ChYL Application Form

This form is an application to volunteer as a Children's and Youth Leader at Arun Community Church subject to a Criminal Records Bureau Check. As such, Arun Community Church reserve the right to refuse this application should they deem the applicant unsuitable.

Personal Details:

Name:	
Date Of Birth:	Sex: Male/Female (please delete)
Address:	
Post Code:	
Home Tel:	Mobile Tel:
Email Address:	

Medical Details:

Emergency Contact for next of kin:	
Home Tel:	Mobile Tel:
Doctors Name:	Doctors Surgery:
Doctors Tel:	
Details of any medical conditions, allergies or disabilities:	
Date of last Tetanus injection:	

Skills and Experience:

Education and qualifications received or studying:		
Subject:	Qualification:	Grade:
Any employment relevant to work with young people:		
Employer:	Job Title:	Dates:
Please give details of any relevant experience you have of working with children and young people:		

Disclosure:

Because of the nature of the work, applicants are not entitled to withhold information about any convictions under the Rehabilitation of Offenders Act (1974)., including convictions which for other purposes may be 'spent', If you answer YES to any of the following questions, please give full details on a separate sheet.

Has any action ever been taken against you by a local authority in regard to a child/children under 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been cautioned for or convicted of an offence (other than a motoring offence not resulting in disqualification) in any criminal proceedings in any court in the UK or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been found guilty of violence, cruelty, indecency or dishonesty in any military service disciplinary proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No

References:

Please give the names of two people outside of your immediate family who can confirm your suitability for this role:

Name:
How do you know this person:
Address:
Post Code:
Tel:
Email Address:

Name:
How do you know this person:
Address:
Post Code:
Tel:
Email Address:

Signature:

The information given above is correct to the best of my knowledge. I understand that by submitting this form, I am happy to volunteer for Arun Community Church, to work under the principles of the Christian faith, and agree to abide by all Church policies and procedures relating to children.

Signed:	
Name:	Date:

Please return to the Arun Community Church office when completed.

For Office Use Only:

Action	Completed	Date
CRB Form Given to Applicant:		
CRB Evidence Seen:		
CRB Form Submitted:		
CRB Form On File:		