THE SURF PROJECT

LIVING LIFE TO THE FULL

Application Form for Leaders / Helpers/Volunteers with The Surf Project

Full name: ……...

Any previous surname: ……

Date and place of birth:

……

Position applied for:

Volunteer Leader ◯ Helper ◯ Surf Instructor ◯ Intern ◯ Cook/Kitchen Support ◯

PPS Number: ……

Address: ……

Postcode: …… Telephone Number: ……

Email Address: .....

How long have you lived at this address? ……

If less than two years, then previous address: ……

……

Name of Church you are attending, if any: ……

Name and address of Minister: ……

……

Please give details of previous experience of working with children and / or young people:

……

……

……

Please describe your reasons for working with children and include comment on your Christian development:

……

……

……

Are you prepared to undertake appropriate training? ……◯ YES ◯ NO

Have you had treatment for any illness during the past 5 years which may have a bearing on your ability to work with children and young people? ……◯ YES ◯ NO

If yes, please state:

……

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Have you ever been convicted of a criminal offence, or are you at present the subject of any investigation or criminal charges? …… YES NO

If yes, please state below the nature and date(s) of the offence(s):

……

……

……

Have you ever been held liable by a court for a civil wrong such as an order made against you by a matrimonial or family court? …… YES NO

If yes, please give details: ……

……

(NB The disclosure of an offence may be no bar to your appointment)

Signed …… Date ……

In signing this form you agree to undergo any check which may be required by the The Surf Project, or under law, in respect of your suitability to do this work and understand that any appointment will be subject to those checks being made.

Date received by The Surf Project:
……

Interviewed by: ……

1. Name: ……

   Position: ……

2. Name: ……

   Position: ……

Date of Interview: ……

Recommendation: Approved / Not Approved / Deferred

Main reason for recommendation:

……

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Decision of Pioneer Mission Committee:
……

Approved / Not Approved / Deferred *(delete as appropriate)*

Main reason for decision / Any other comments:

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Signed: ……(Minister)

Date of Decision: ……

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References:

Please give the names, addresses, telephone numbers and positions of two people who know you well (not members of your family) who are willing to act as references for you. One should have first hand knowledge of your work with children / young people.

Referee Name: ……
Relationship to you: . .....
Position: .....
Email address: .....
Tel No: .....

Referee Name: ……
Relationship to you: . .....
Position: .....
Email address: .....
Tel No: .....