**

**Application form for Volunteers**

*Please complete this form and email to* *mail@bsct@org.uk*

Name: …………………………………………………………

Address: ……………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………….

Tel: ……………………………………….

Email: ……………………………………

Contact & tel. number in case of emergency: …………………………………………………………………………………………………..

Why do you want to volunteer with BSCT?

What do you think you can contribute to BSCT?

Major qualifications/certificates (formal or informal) / line of work and experience:

Skills relevant to BSCT’s work:

Previous experience with children/young people:

Interests:

What sort of time commitment are you able to offer BSCT; what are the constraints upon your availability?

Do you have current (within 3 years) safeguarding training? Y/N

If not, can you confirm willingness to undertake such training? Y/N

Have you historically/presently had any social services involvement or safeguarding referrals? Y/N

Do you have a full driving licence? Y/N

Do you have your own transport? Y/N

**You will require a DBS Enhanced Certificate to volunteer with BSCT**

Do you have a current DBS Enhanced Certificate? Y/N

For what role? …………………………………………… Certificate number: ……………………………………………………

**BSCT requires 2 referees for each volunteer; they should have known you for at least 2 years and not be related to you.**

**Referee 1: Your current Church Leader/Minister**

How long has this person known you, and in what capacity? ………………………………………………………………………………

Name:

Address:

Tel:

Email:

**Referee 2:**

How long has this person known you, and in what capacity? ……………………………………………………………………………

Name:

Address:

Tel:

Email:

SIGNED …………………………………………… Date……………………………

*All information on this form will be kept safely, and strictly for the purpose of recruiting BSCT volunteers*

***Thank you for completing this application form***