Transit Team 2020 Application

Personal Details



Please complete this form in **BLOCK CAPITALS.** All information will be treated as confidential.

First name:	Surname:		
Home address:	Date of birth:		
	Mobile telephone:		
Post Code:	Modific telephone.		
Email:			
About you:			
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We will provide lunch on a 2 workshop day. Do you have any special dietary requirements? Yes/No If yes give details			
Why are you a Christian & what difference does Go	d make in your life?		
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Why do you want to be part of the Transit team?		
What skills and experience do you think you could bring to this role?		

There are many different parts to the Transit workshops and different roles to have a go at. Is there anything you particularly would or wouldn't like to be involved in? (Please mark an 'x' in the appropriate boxes)

Transit workshop role	Yes	No
Joseph Drama (Acting)		
Leading parts of a lesson (to 30-		
45 children)		
Small group work		
Guiding children around an		
iwonder space (a bit like a prayer		
space, explaining activities and		
chatting to them).		



References

Please provide the name and address of your youth worker or church leader. (We will write to them for a reference and may follow this up with a telephone call).

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Address
ost code:
'el No:
mail:

Personal Declarations

Have you ever been convicted or cautioned with respect to a criminal offence?	YES/NO
(with the exception of a speeding offence)	(Delete as applicable)
If yes please give full details	
Please note that a criminal record will not necessarily prevent you from working as a volunteer. All Volunteers who will be working with children or vulnerable adults are subject to the provision of the Rehabilitation of Offenders Act 1974	
Do you have a current CRB/DBS Enhanced	
Disclosure?	YES/NO
(This must have been completed within the last 2 years by the organisation/church with whom you are currently based)	(Delete as applicable)



Parental permission for under 18's

In the case of under 18 year olds we also require the signature of a parent/guardian. As a parent/guardian I understand that my child is expected to participate as required in all the activities and events, in which the team is involved.

I also understand that there may be periods designated as "free time" and during such periods my child will not be under direct supervision. I give permission for this, provided that my child has notified in advance the team leader of where they are going to be, the activity that they will be engaged and that they have accordingly revived permission from the team leader.

Parent/Guardian's signature:

Date:

As an organisation motivated by our Christian faith, our ethos and values are important to us. By signing this application you are agreeing to demonstrate these in your work. (Please refer our Mission, Vision, Values and Statement of faith).

I would like to be considered as a volunteer with Sutton Schoolswork. I confirm all the information I have provided is true and accurate and I will contact you as soon as any information changes.

Full Name:	
Signature	Date

By signing this form you also agree to Sutton Schoolswork holding and using the data on this application form for the purposes of supervising your role as a volunteer and keeping you informed of relevant activities.

Please return this application form to Sarah Skinner by email or post sarahprimary@suttonschoolswork.co.uk

Sutton Schoolswork, Cheam Methodist Church, Church Hill Road, SM3 8LJ

What happens next?

On receipt of your application, we shall notify you if you have been accepted or not and we will send further details. We will also be in touch with all successful applicants about how to apply for a DBS. These will be required.

If you have any questions, please don't hesitate to ask!

