

**APPLICATION FORM for VOLUNTARY WORK
with ADULTS AT RISK**

We ask all prospective volunteers working with Adults at Risk 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 If withdrawn, the processing will stop unless there is a statutory requirement to retain the data. Once consent is withdrawn any participation relating to the consent will cease.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

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 Adults at Risk (voluntary or paid) outside of the Church

Name of Organisation	Years Involved	Position and Responsibilities Held	Type of Adults at Risk You Have Worked With.

4. Your motivation for volunteering

Please give a summary of why you wish to volunteer with Adults some who will be Adults at Risk

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5. Your gifts and qualities

Please briefly explain your gifts and qualities and how they will impact the Team and role you will be serving in.

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6. References

Please give the names, addresses, email addresses, telephone numbers and role or relationship of two people who know you well and who would be able to give a personal reference. At least one of these should be from outside Waypoint Church. These must not be relatives or related by marriage, must be over 18 and at least one of them should be able to talk about your ability to work with Adults at Risk.

Name	
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Name	
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Address	
Postcode	

Address	
Postcode	

Email Address	
Contact No.	

Email Address	
Contact No.	

Role	
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Role	
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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 Adults at Risk declined?

Yes No Please tick () if yes, please give details

Do you suffer, or have you suffered any illness which may directly affect your work with Adults at Risk?

Yes No Please tick () 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 an Adults at Risk?

Yes No Please tick () if yes, please give details and dates

Has there ever been any cause for concern regarding your conduct with Adults at Risk?

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 cooperate 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 Adults at Risk.

Signed: Print Name: Date: DD / MM / YYYY

(March 2023)