

ACTIVENTURE HELPERS
APPLICATION FORM 2010
PLEASE PRINT

Name: _____ MALE / FEMALE

Home Address: _____

MOB PHONE: _____ Tel: _____

E-MAIL ADDRESS:

Date of Birth _____ Age _____

NAME OF SCHOOL/COLLEGE/ORGANISATION _____

PLEASE FILL IN THIS FORM AND RETURN IT TO DI CHURCHILL, HEAD OF ACTIVENTURE, HINDLEAP WARREN, WYCH CROSS, FOREST ROW, EAST SUSSEX RH18 5JH AS SOON AS POSSIBLE.

I would like to apply to attend as a helper on the Activenture 2010 Holiday as indicated below (please Tick the relevant box):

2010

- | | | |
|---|----------|--------------------------|
| Sun 14 th February – Sat 20 th February | Woodrow | <input type="checkbox"/> |
| Fri 12 th March – Sun 14 th March (Weekend) | Hindleap | <input type="checkbox"/> |
| Sun 4 th April – Sat 10 th April | Hindleap | <input type="checkbox"/> |
| Sun 11 th April – Sat 17 th April | Hindleap | <input type="checkbox"/> |
| Sun 30 th May – Sat 5 th June (Ages 18 + only) | Woodrow | <input type="checkbox"/> |
| Fri 25 th June – Sun 27 th June (Weekend) | Hindleap | <input type="checkbox"/> |
| Sun 1 st August – Sat 7 th August | Woodrow | <input type="checkbox"/> |
| Sun 8 th August – Sat 14 th August | Woodrow | <input type="checkbox"/> |
| Sun 15 th August – Sat 21 st August | Hindleap | <input type="checkbox"/> |
| Sun 22 nd August – Sat 28 th August | Hindleap | <input type="checkbox"/> |
| Sun 24 th October – Sat 30 th October | Woodrow | <input type="checkbox"/> |
| Sat 18 th Dec– Thurs 23 rd Dec. (Ages 18+ only) | Hindleap | <input type="checkbox"/> |
| Mon 27 Dec 10 Sun 2 Jan 2011 | Hindleap | <input type="checkbox"/> |

PLEASE complete the following (continue on a separate sheet if necessary) :

Do you have any special needs or disabilities? *YES /NO*

If YES please provide details _____

Have you ever been convicted of any criminal offence, whether spent or unspent? *YES / NO* If yes please provide details.

Have you attended a week of Activenture before? *YES/NO*

NEW VOLUNTEERS Please visit our website www.activenture.org for further information about Activenture and to obtain Induction Training Dates & Application Form

Induction Day attended or attending _____

Any relevant experience

What interested you in volunteering for Activenture?

ALL VOLUNTEERS SIGN BELOW

I understand that I will be expected to fulfill the duties as described on the Induction Day and in the Information Booklet, under the directions of the holiday adult group leaders and staff.

Applicant's Signature _____

Date _____

PARENTAL CONSENT

Please understand that this is an important volunteer *commitment* which enables us also to give a placement to a special needs child. If your son/daughter fails to honor this agreement the child's place will have to be cancelled.

In the event of unforeseen circumstances where your son/daughter is unable to attend, we ask that you please give as much advance notice as possible so that we can endeavor to reallocate their place to another volunteer.

I agree to _____ making this application to attend the indicated Activenture Holiday.

Telephone Number (daytime) _____
(evening) _____

Signed _____ Date _____

Please print name
