

ACTIVENTURE

STAFF APPLICATION 2008/9

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.

NAME: _____

DATE OF BIRTH: _____ Male / Female

ADDRESS: _____

POST CODE: _____ TEL.NO: _____

MOBILE NO: _____ E MAIL: _____

PRESENT OCCUPATION _____

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:

Do you have any convictions? YES / NO

If YES please provide details:

Have you had a CRB check? YES / NO If so when? _____

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

NEW volunteers please complete the following:

Induction Day attended/attending _____

Any relevant experience

What interested you in volunteering for Activenture? _____

2008

		Residential Staff	Residential Nurse	Night Staff
Sun 17 th February – Sat 23 rd February	Woodrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 6 th April – Sat 12 th April	Hindleap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 13 th April – Sat 19 th h April	Hindleap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat 25 th May - Sun 31 May (Ages 18 + only)	Woodrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 27 th July – Sat 2 nd August	Hindleap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 3 rd August – Sat 9 th August	Woodrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 10 th August – Sat 16 th August	Woodrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 17 th August – Sat 23 rd August	Hindleap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 24 th August – Sat 30 th August	Hindleap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 26 th October – Sat 1 st November	Hindleap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 14 th Dec – Sat 20 th Dec (Ages 18 + only)	Woodrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat 27 th December – Fri 2 nd January 09	Hindleap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2009

Sun 15 th February – Sat 21 st February	Woodrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Please tick the WEEK(s) you wish to attend.
(Night Staff please give date/s of nights you are able to do)**

Please understand that this is an important volunteer commitment which enables us to give a placement to a special needs child.

If you fail to honor this agreement then a child's place will have to be cancelled.

If in an event of unforeseen circumstances you are unable to attend, we ask that you please give advance notice so that we will endeavor to replace you.

SIGNATURE OF APPLICANT: _____

DATE: _____

updated Jan 08