

ACTIVENTURE STAFF APPLICATION 2010

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: _____ EMAIL: _____

PRESENT OCCUPATION _____

NAME OF SCHOOL/COLLEGE/ORGANISATION _____

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/attending _____

Any relevant experience

What interested you in volunteering for Activenture? _____

2010

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

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 10