AVENUE CHILD CONTACT CENTRE

Avenue Baptist Church, Milton Road, Westcliff-on-Sea, Essex SSO 7JX

APPLICATION FORM FOR CHILD CONTACT CENTRE VOLUNTEERS

This includes Protection of Children Information and Equal Opportunities monitoring form.

We ask all prospective volunteer helpers at the Child Contact Centre to complete this form. The information will be kept confidential by the Child Contact Centre, unless requested by an appropriate authority. The information is required because you will be working with children and young people.

Name: Address:						
Tel No:						
How long have you lived at this address? If less than 12 months, please give your previous address:						
Please tell us something of yourself – any special ir have, and previous experience of children or young place.	people, and where it took					
Have you any relevant qualifications or training?						
Are you prepared to undertake some training? (for occasional training sessions organized by the Co-or Contact Centre). YES/No (please delete as approprious boyou suffer, or have you suffered, any illness where your work with children or young people? YES/No (appropriate)	rdinator of the Child riate) nich may directly affect					

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We would like to have a reference from two people who know you well (if possible, one of whom knows you professionally). Please tell us their relationship to you. Please give name, address and telephone number.						
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Protection of Children Information

Volunteers have substantial contact with children. Government regulations require a formal check with the police / Criminal Records Bureau for relevant convictions. Not all criminal convictions will automatically prevent you from becoming a volunteer.

You will be receiving a Police Check form from the Criminal Records Bureau. You will be asked to complete the form and return it at your earliest convenience.

Volunteer Equal Opportunities Monitoring Form

All volunteers are asked to complete this form in order to help the Centre develop and implement its Equal Opportunities Policy. The information you give on this form will be treated as confidential. You will not need to put your name on this form. This information will be used only to ensure that there are no patterns of discrimination. The Child Contact Centre is committed to avoid discrimination on the grounds of race, sex, disability, sexuality, religion, nationality, language or age.

Please tick as appropriate:

1.	Which age category are you?	Under 25 26 - 39 40 - 55 Over 55	()			
2.	Are you:	Male	()	Female	()
3. Are y	Do you consider yourself disablo ou registered disabled?	ed? Yes Yes	()	No No	()
	Are you currently: r (please state)	Employed Unemployed A student Retired	((()			
India	ould describe my ethnic origin as n () Black African () Pakistan Other () Other Asian () Chin	i () Black Co	ıri	bbe	an () White	()
Nicole	e return this form with your App ette Coleman, Avenue Child Conto n Road, Westcliff-on-Sea, Essex	act Centre, A			Baptist Chur	ch,	,