

PERSONAL DETAILS

Title: _____ Surname: _____ Forename(s) _____

Address: _____

Tel No: (Day) _____ (Eve) _____ Mobile: _____

E-mail: _____ Fax: _____

Contact Address: (if different from above) _____

Tel No: _____ (Use this address from _____ to _____)

Date of birth: _____ Age: (at start of activity) _____

Family details, if applicable. Name of spouse: _____

Names & ages of children who will accompany you: _____

TEAM APPLIED FOR

Please state the name and dates of the activity you are applying for (if known) _____

If the activity leader knows you are applying, please give his/her name: _____

Otherwise when are you available to help? (Please be as flexible as possible) From: _____ to: _____

REFEREES

Before accepting you onto a team we must have two suitable references. Please give the names and addresses of two people who have agreed to be your referees and know you well. Preferably one should be a **church leader** and the other a **committed Christian**. (Not family members.)

Have you passed the Referee Forms to them? Yes No

Reference 1: Church Leader

Name: _____

Address: _____

Tel No:(Day) _____ (Eve) _____

E-mail: _____

Position in Church: _____

Reference 2:

Name: _____

Address: _____

Tel No:(Day) _____ (Eve) _____

E-mail: _____

Relationship to you: _____

For Office Use Only: Date Recd _____ Checked by _____ Refs checked by: _____ Approved by _____
 by _____ Date _____ Copy to Leader _____ Notes _____

Please describe your interests and talents

Training is provided so experience or qualifications are not necessary. However, the following information will help identify your place on a team:

Have you any experience in youth or children's work, either inside or outside the church?

Have you any relevant practical skills? (E.g. crafts, IT, photography, PA systems, sports interests etc.):

Have you any relevant qualifications or practical training certificates? (E.g. food hygiene, life saving, first aid etc.) Please give details and the dates on which qualifications were obtained.

Have you any experience of leading/speaking at meetings? (Adult or children/young people):

What is your present job or occupation? _____

If a student, please state the name of the school, college or university:

Is there an age group you would prefer to work with?

4 - 6 7 - 10 11 - 13 Teens Adults

Do you have experience/training in catering? No Yes

Would you be willing to serve as part of a catering team? (No experience necessary)
No Yes

Can you play a musical instrument? No Yes
If yes, what type? _____

Would you be willing to serve as part of a worship group? No Yes

Would you be willing to serve as part of a drama group? (No experience necessary)
No Yes

Do you hold a Driver's Licence? No Yes

Could you bring a car? No Yes

In case of an accident or emergency during your time on the activity, please provide the details of a suitable contact. (NB this should be someone who is not present with you on the activity.)

Name: _____ Address: _____

Relationship to you: _____

Tel: (Day) _____ (Eve) _____ (Mobile) _____

TELL US ABOUT YOUR FAITH

What church do you attend? _____ Denomination: _____

Church Leader (if different to referee given on front)

Address: _____

Telephone Number: (Day) _____ (Eve) _____

Fax: _____ E-mail: _____

Please comment as fully as you feel appropriate. Use a separate sheet if necessary.

What is your understanding of being a Christian?

How and when did you become a Christian and how has this affected your life?

What place or significance do the Scriptures have in your life?

Why do you want to help on a Scripture Union activity?

Having read the attached Scripture Union Statement of Aims and Belief, please comment on anything with which you are unable to agree:

HEALTH & SAFETY ISSUES

If you answer "Yes" to any of these questions please add some supplementary details as you feel appropriate on an extra page. This won't necessarily exclude you from joining a team.

Do you have any current or spent criminal convictions or cases pending? No Yes

Do you have any medical conditions or allergies? No Yes

Are you currently receiving any medical treatment? No Yes

Have you had treatment or counseling for depressive illness in the past 3 years? No Yes

Do you have any special needs or disabilities? No Yes

Do you require a special diet? (If so please specify) No Yes

DECLARATION

- (i) I have read the Scripture Union Statement of Aims and Belief;
- (ii) I have read and agree to comply with the Child Protection Policy document;
- (iii) I will seek to maintain the unity of the team, being willing to put aside my denominational / church preferences and practices where necessary;
- (iv) I have completed all sections of the form truthfully.

Signed: _____ Date: _____

FOR OUR INTEREST

Have you taken part in a Scripture Union activity before? No Yes
If "Yes" please give details (year(s), place(s), leader(s)) :

How did you hear about serving on our activities? Please indicate by ticking below:

Holiday/Mission Team Member	<input type="checkbox"/>	Church	<input type="checkbox"/>
SU Website	<input type="checkbox"/>	Holiday / Camps Brochure	<input type="checkbox"/>
SU Newsletter	<input type="checkbox"/>	Other (Please state) _____	<input type="checkbox"/>

WHAT ABOUT YOUR FRIENDS?

Serving on a Scripture Union team is a tremendous way to receive some quality training and improve your skills through practical experience - Join a Team, Make a Difference, See the Change!

If you would like us to send details to a friend of yours, please give details below:

Name (including title): _____

Address:

Tel no: _____ E-mail address: _____

Thank you for taking the time to fill in this Application Form. Please return it as soon as possible. If you are unsure about any part of this form, or how to complete it, please contact the Scripture Union office at the address shown below.

**Return to: Scripture Union
87 Lower George's Street
Dun Laoghaire
Co. Dublin**

Tel: +353 1280 2300

E-mail: info@scriptureunion.ie