



## Street Angels Hebden Bridge - Application Form

### YOURSELF

First Names \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_

Nat. Ins. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(over 18 year olds only)

### CHECKING INFORMATION

Church Attended (if any) \_\_\_\_\_

Do you have any criminal convictions? If yes please supply details \_\_\_\_\_

Are you willing to apply for a CRB check certificate? - Yes / No.

Please supply details of two referees. If possible one should be your church leader.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship (e.g. Employer) \_\_\_\_\_ Relationship \_\_\_\_\_

### VOLUNTEERING PROCEDURE:

All volunteers are invited for a one night trial and interview. They will then need to undergo a CRB check and wait for 2 references before becoming a Street Angel. A review will be carried out after 3 months. We value volunteers and the commitment they invest into Hebden Bridge.

**DECLARATION** - I agree to read and abide by the policies and procedures of Street Angels.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Please return to Hope Baptist Church, Hebden Bridge one Friday night 8 - 11pm.

### **OFFICE USE**

CRB checked: Date \_\_\_\_\_ By \_\_\_\_\_

Date 1<sup>st</sup> reference requested \_\_\_\_\_ Date received \_\_\_\_\_

Date 2nd reference requested \_\_\_\_\_ Date received \_\_\_\_\_

Interview date \_\_\_\_\_ Interviewer \_\_\_\_\_