



For office use only:
Disclosure No:-----
Date of Issue:-----

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**Application Form for Voluntary Ministry (Regular Events)**

(Please complete this form using BLACK ink. If the space is insufficient for your answer to any question please attach further sheets.)

Please note that if you have a disability and you require this form in another format, such as large print or audio tape/cd, please contact us using the contact details above.

**Section 1: Personal details**

Surname:	Usual Forename:	Title:
Other Names:		
Home Address:	Work / Term Address:	
Postcode:	Postcode:	
Tel No:	Tel No:	
Mobile No:	Email:	
Male / Female:	Date of Birth:	

**Section 2: Referees**

Please give the details of **two** people, not family members, who are over 18 years of age, have known you for at least two years and are willing to act as your referees. One should be your minister or a church leader.

**Minister / Church Leader**

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Name:

Address:

Postcode:

Tel No:

Mobile No:

Email:

**Other** (Relationship to Applicant)

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Name:

Address:

Postcode:

Tel No:

Mobile No:

Email:

### **Section 3: Interests**

Why are you interested in voluntary ministry with Scripture Union?

Tell us about any voluntary or employed work you have done that you think could be relevant to your application:

What gifts and skills do you believe God has given you and how have you used them?

Please give details of your interests, indicating what your level of involvement has been:

### **Section 4: Personal faith**

Describe how and when you became a Christian, the difference your faith makes to your life and your current involvement in church:

What church do you attend? Please give contact name and phone number if different from your referee:

## Section 5: General information

Do you hold a current full driving licence? **NO**  **YES**

Please give details of any endorsements:

Would you describe your health as **Good**  **Fair**  **Poor**  ?

Do you have any special dietary requirements? **NO**  **YES**

If yes please give details:

Do you have any disability or a medical condition for which you receive treatment? **NO**  **YES**

If yes please give details:

Have you received counselling or treatment for depressive or mental illness in the past 3 years? **NO**  **YES**

If yes please give details:

Are there any restrictions on you working in the UK? **NO**  **YES**

Please note if you are not an EU citizen we may need to see your passport.

If your work with Scripture Union means that you will have sole charge of children, you will be exempt from the 'Rehabilitation of Offenders Act 1974' and will be required to apply for an Enhanced Disclosure from the Criminal Records Bureau. We will send you the form to complete.

**Do you have any criminal convictions, cautions, reprimands, bind-overs or cases pending?** **NO**  **YES**

If yes please give details on a separate sheet of paper.

Scripture Union has a policy on Employing People with a Criminal Record (available on request), and such conviction does not necessarily exclude a person from employment.

## Section 6: Declaration

### DATA PROTECTION STATEMENT

Scripture Union will hold your address details on file but will not release the information to any third party. Some further details may be shared with a team leader. An address list may be shared with team and young people at a particular event, unless you ask for this not to occur.

Do you give your consent to this? **NO**  **YES**

- (i) I have read and agree to abide by the leaflet entitled Ministry with Scripture Union.
- (ii) I will seek to maintain the unity of the team with which I am working, being willing to put aside my denominational / church preferences and practices where necessary.
- (iii) I have completed all sections of the form accurately, to the best of my knowledge.

Signed:..... Date:.....

**If you have expressed an interest in a particular area of ministry, you now need to complete the final page (see over).**

## Section 7: Event team members

It is the policy of Scripture Union to obtain an enhanced disclosure from the Criminal Records Bureau for all applicants on these teams. The form will be sent to you on receipt of your application.

Where did you hear about Scripture Union events.....

Event Name:

Event Location:

If an event leader knows you are applying, please give his/her name: .....

Outline any relevant practical skills, training or qualifications you have: .....

What is your present job or occupation (if any)?.....

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

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

Name:

Relationship to you:

Telephone Number, Day:

Eve:

**Please pass the enclosed reference forms to your referees as named in Section 2 and indicate that you have done so.**

**NO  YES**

**PLEASE RETURN THIS FORM TO:-**

**Field Administration, Scripture Union, FREEPOST WD2674, 207 - 209 Queensway, Bletchley,  
Milton Keynes, MK2 2XZ.**



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Updated January 2007.