Maycamp Team Application Form

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| Full Name:  | Previous experience relating to this role (inc. any relevant training / qualifications):  |
| Date of Birth:  |
| Former Name (if any):  |
| Home Address: Postal Code:  |
| Telephone: Mobile:  |
| How long have you lived at the above address? (if less than 12 months) Previous Address:  |
| Current Church: Vicar:  |
| Reference 1 (Not a relation and known for more than 2 years)Name: Phone Number: e-mail address:  | Reference 2 (Not a relation and known for more than 2 years)Name: Phone Number: e-mail address:  |
| Signed:  | Date:  |
| Print Name:  |  |

Further Details:

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| Role / Team applied for:  |  |
| What days are you able to serve: | Friday (24th) |  |
| Saturday (25th)  |  |
| Sunday (26th)  |  |
| Monday (27th)  |  |
| Dietary Requirements:  |  |
| Do you have a valid DBS from within Chichester Diocese?  | Yes |  |
| No |  |
| E-mail address:  |  |
| What level of safeguarding training have you completed?  |  |
| Emergency Contact:  | Name: |  |
|  | Phone Number: |  |
| Will you be staying on site: | Yes |  |
| No  |  |
| Do you have your own tent?  | Yes  |  |
| No |  |
| Allergies / Medical history that we would need to know: |  |