A blue and black logo

Description automatically generatedMaycamp Team Application Form

|  |  |
| --- | --- |
| 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: |  |

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Description automatically generatedFurther Details:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | |  | | | | | | |