

Please return completed application to:
Friends of Mission Care
Mission Care, The Living Building, 3 Sherman Road,
Bromley, Kent, BR1 3JH
Tel: 0303 123 3201 Email: friends@missioncare.org.uk



Important: Refer to guidance notes before completing.

PASTORAL VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

FULL NAME

ADDRESS

TELEPHONE

DAY

EVENING

EMAIL

DAYS AND TIMES YOU ARE
AVAILABLE TO VOLUNTEER

NUMBER OF HOURS PER DAY

HOW DID YOU HEAR
ABOUT MISSION CARE?

EXPERIENCE/KNOWLEDGE OF DEMENTIA AND/OR OLDER PEOPLE

Please explain any experience or knowledge you have of dementia and/or the issues affecting older people. If you do not have any knowledge or experience, please leave this section blank.

REASONS FOR APPLYING

Please explain why you are applying to volunteer and what you hope to gain from the experience. Please give further details of previous experience and any other information which you consider relevant. If you are using any continuation sheets for this section, please ensure you attach them securely to the application form and state how many additional sheets have been included.

No of additional sheets:

Have you read Mission Care's Statement of Faith? Do you agree?

Do you have any comments/questions about any part of the Statement of Faith? If so, please state these below.

As a Christian charity Mission Care requests that you note below your understanding of Christian care

CHURCH BACKGROUND AND CHRISTIAN EXPERIENCE

Please name your current church. Which denomination/grouping does it belong to?

Briefly describe your understanding of the Gospel & how it affects your life.

No of additional sheets:

CURRENT/PREVIOUS EMPLOYER

Give details of previous employment including a brief description of duties, starting with most recent/current employment (use a continuation sheet if necessary).

EMPLOYER	BRIEF DESCRIPTION OF DUTIES	DURATION	REASON FOR LEAVING

SKILLS AND EXPERIENCE

What skills or experience do you have that may benefit our team?

With reference to the 'Opportunities to Serve' sheet attached, please indicate the areas that interest you most and which match your skills and experience.

REFERENCES

Please nominate two referees. One referee should be a leader in your present church

TITLE/ FULL NAME

TITLE/ FULL NAME

RELATIONSHIP TO REFEREE

RELATIONSHIP TO REFEREE

FULL POSTAL ADDRESS

FULL POSTAL ADDRESS

TELEPHONE NO.

TELEPHONE NO.

E-MAIL ADDRESS

E-MAIL ADDRESS

EMERGENCY CONTACT DETAILS FOR NEXT OF KIN

NAME

RELATIONSHIP

CONTACT DETAILS

DISCLOSURE OF CRIMINAL CONVICTIONS AND PENDING PROSECUTIONS

Do you have any convictions/pending prosecutions?

YES

NO

If YES please give details

9. STATEMENT

I confirm I have completed this application form and to the best of my knowledge the information I have provided is true and correct. I understand that if I obtain a voluntary position having made false or misleading statements that I will be liable to action that may result in my voluntary position being withdrawn. By signing this statement I voluntarily agree with the terms and conditions of the Applicant Declaration in the Statement section of the guidance notes printed overleaf.

I will advise Mission Care immediately of any criminal convictions or pending prosecutions that occur between the date of signing this declaration and appointment.

Signature

Date

GUIDANCE NOTES FOR COMPLETING THE APPLICATION FORM

Please read through these guidance notes carefully before completing your application form.

Please complete the form in BLACK ink and complete every section. It is vital that you ensure all relevant information about you and your experience is included. You may use continuation sheets if necessary. The form should contain the required information, however, a CV may be used in support of your application, but only once you have fully completed all the sections of the application form.

If you have a disability and need assistance completing the application form, please contact the Marketing Team.

Personal Details

It is important you complete this section accurately, as the information required is needed to process your application and allow us to communicate with you.

Reasons for Applying

This section will be used to assess your suitability for the voluntary position. Within this section it is requested that you note your understanding of Christian care and your agreement with Mission Care's Statement of Faith.

Current/Previous Employer

You will need to include all work including part-time, voluntary and work at home that you have undertaken in the past 10 years listing the most recent first. Use continuation paper if necessary.

References

You need to provide the names of two people who will provide a reference. It is important they are able to verify and substantiate the evidence provided on your application form, therefore, one of the references should be a leader within the church.

Emergency Contact Details

This information will be stored confidentially and only used in an emergency.

Criminal Convictions & Pending Prosecutions

You are required to give details of all spent and unspent convictions and pending convictions. If you are unsure whether your conviction is spent or unspent you should contact your local Probation Officer, the Citizens Advice Bureau or your Solicitor. Mission Care will not discriminate against ex-offenders, as a criminal record will not necessarily be a bar to obtaining a voluntary position with us. The information you provide will be kept confidential at all times.

Statement

If you give false or misleading information on your application form, your application will be rejected. However, if you gain a voluntary position with Mission Care by making such false or misleading statements, you will be liable to action which will result in your voluntary position being withdrawn.