**APPLICATION FORM FOR
CHILDREN'S & FAMILIES' ACTIVITIES COORDINATOR**

**Christian CARE Association**

**Martin Way Methodist Church**

**Buckleigh Avenue**

**London SW20 9JZ**

**020 3302 0181 / 07932 628840**

**christiancaremerton@gmail.com**

Christian CARE Association (Christian CARE) is an inter-denominational group of volunteers working within the London Borough of Merton. For over 50 years we have been caring for needy families and individuals.

The care is shown through the **befriending** of families or individuals, mainly within their own homes. Care may include referral to other agencies, statutory or voluntary, and giving of practical assistance as appropriate. Some befrienders shop/deliver regular food parcels prepared by our **Family Support** scheme. Also, where necessary, they liaise with our **Furniture and Baby, Children’s and Household Projects** in the provision of furniture, household items, baby items and children’s clothes. Through our **Children’s and Families’ Activities** Coordinator we hold each year a family outing as well as other events as opportunities arise; we pay for one or 2 family holidays and we send around 25 youngsters to summer camps.

For further details see attached role description for Office Administrator

**PLEASE COMPLETE THE FOLLOWING:**

**Title Mr/Mrs/Miss/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Forenames\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Nos: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Church Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When and how is it best to contact you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please outline any previous experience (voluntary or paid) relevant to the role of Children’s and Families’ Activities Coordinator. Continue on separate sheet if necessary.**

**Do you speak languages other than English? Yes/No**

**If Yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What skills could you bring to the role? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How do you see your role making a difference within the context of Christian CARE?**

**Do you have transport? Yes/No**

**Might you be prepared to transport families? Yes/No**

**Do you have a clean current driving licence? Yes/No**

**Do you have Fully Comprehensive Car Insurance? Yes/No**

**PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES who have agreed to provide a reference for example: priest/minister, employer, charity trustee, friend (not relatives)**

|  |
| --- |
| **REFERENCE 1** |
| **Name**  |
| **Address** |
|  |
|  |
| **Tel No** |
| **Email** |
| **How long have you known this person? *years months*** |
| **In what capacity do you know this person?**  |

|  |
| --- |
| **REFERENCE 2** |
| **Name**  |
| **Address** |
|  |
|  |
| **Tel No** |
| **Email** |
| **How long have you known this person? *years months*** |
| **In what capacity do you know this person?**  |

**Have you ever been convicted of a criminal offence, or received cautions, reprimands or warnings? Yes/No**

**PLEASE READ THE FOLLOWING DECLARATION CAREFULLY BEFORE SIGNING**

**I declare that the above information is true.**

**I understand that I will be interviewed by Christian CARE concerning my application.**

**Not all roles in Christian CARE are subject to a DBS check. If necessary I am willing to for this to be carried out.**

**I agree to a DBS Check Please tick🞎
or My DBS Reference No. is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN APPLICATION FORM**

 **Either by email to** **gillian.thick@christiancaremerton.org.uk**

**Or by post to *Gillian Thick, CARE Coordinator, Christian CARE Office,***

 ***Martin Way Methodist Church, Buckleigh Avenue, London SW20 9JY***

**FOR OFFICE USE ONLY**

**DBS check requested Date\_\_\_\_\_\_\_\_\_\_\_ Received Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference 1 sent for Date\_\_\_\_\_\_\_\_\_\_\_ Received Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference 2 sent for Date\_\_\_\_\_\_\_\_\_\_\_ Received Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application approved Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer agreement signed Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteering started Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**