



a bed for the night

Volunteer Worker Application Form

Full Name

Address Postcode

Landline Phone No. Mobile No.

Date of Birth Email

We may need to share your contact details with other volunteers so that we can all stay in touch throughout the term of the project.

I am happy to share my mobile number Yes / No I am happy to share my email address Yes / No

How long have you been a Christian? (if applicable) years)

Name of church to which you belong (if applicable)

Do you have the full support of your church? (if applicable) Yes / No

Which nights are you available? Mon Tue Wed Thur Fri Sat Sun (delete ones you can't do)

If you are not being referred or recommended by one of the 7 churches involved in the project, please give the name/contact details of someone who can provide a reference for you (preferably from a local church/member of the clergy).

Have you been vaccinated against Hepatitis B? Yes / No (It is not essential but advisable)

Are you First-Aid trained? Yes / No (If "Yes" please give brief details of training) Date Certificate expires

Declarations:

I wish to apply to be a volunteer with the winter night shelter project '**BED FOR THE NIGHT**' run by **FAITH Christian Group (Reading) CIO**. I understand that any information given here will be treated in the strictest confidence. I acknowledge that my conduct while working with **FCG** will reflect upon the integrity of the charity and agree to abide by the training and guidelines given prior to my involvement. I will not speak to any members of the media or other organisations on any matter relating to the activities of **FCG** and specifically of the 'Bed for the Night' project, but will refer them to **FCG**.

I will have fully read the B4N Volunteer handbook and undergone training before the start of the shelter. I acknowledge that I have been strongly advised ¹ *never to give money to a guest; personally look after their property; 'lone work' with them; or transport them anywhere*. I understand that if I choose to act outside the advice given ¹, that **FCG** will not be held responsible for the results my actions and their Public Liability Insurance will not cover me. I grant permission to be DBS checked should **FCG** deem this appropriate, realising that we will be working with vulnerable adults ² and people at risk. To my knowledge, there is nothing in my past history that would make me unsuitable to work at the shelter.

Signature: _____ Date: _____

(Not applicable if emailing)

¹ If you are a minister or member of Church Staff please tick this box We appreciate that some conflicts may arise which we are happy to discuss. Where your premises are involved we would suggest that all staff read our B4N handbook. Please check as regards risk assessments and insurance.

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216900/Regulated-Activity-Adults-Dec-2012.pdf

Please return this form to FAITH Christian Group, 33, Boulton Road, Reading, RG2 0NH

reading churches winter watch