

RETURNING LEADER'S VOLUNTEERING FORM

1. Personal details

Mr / Mrs / Miss / Rev / _____

First name _____ Surname _____

Address _____

_____ Postcode _____

E-mail address _____

Phone numbers H: _____ W: _____ M: _____

Date of birth _____

Occupation / place of study _____

Term-time contact details (if different) _____

Tick here if you **don't** want your contact details to appear on an address list, to be distributed amongst members and leaders of the Venture / Falcon Camp.

2. Your church details

Church _____

If you have recently moved churches, or if you are a student and attend a different church in term-time from outside term-time, the church you choose must be one which either you have been attending until very recently or which you attend for part of the year. If in any doubt, pick the church whose leader will be able to make the best assessment of your suitability for Ventures or Falcon Camps.

Name and contact details (address, postcode, phone, e-mail if possible) of church leader
If you are the senior Vicar/ Minister, please provide details of a Church Warden/ Elder or equivalent. They should then sign the reference in Section 3.

3. Church leader's reference

The church leader named above in section 2 must sign below to support your application to return as a volunteer. CPAS reserves the right to request additional references where it feels this is appropriate.

Note to church leader: *In signing this form you are lending your support to the applicant serving as a volunteer on a Venture or Falcon Camp. Because the volunteer is returning having been on this team during the previous year, no further references will be sought. Please discuss any concerns with the volunteer directly, or with the Overall Leaders of the Venture or Camp, whom you can contact via the Ventures office.*

I confirm that I have ongoing contact with the applicant and have no concerns as to their suitability for this role.

_____ Date _____

4. Parental consent

If you are under 18 on the day the Venture or Camp begins, your parent / guardian must sign here to give consent to your involvement in this Venture / Falcon Camp. Strike through this section if you are over 18.

I give consent for my son/daughter to take part in the Venture or Falcon Camp as a volunteer.

_____ Date _____

5. Declaration

This form is strictly confidential and, except under compulsion of law, will only be seen by the staff or members of the Board of CPAS and the overall leaders of the Venture or Falcon Camp concerned. The information provided will be used for recruitment decisions and to enable CPAS to demonstrate commitment to Safeguarding children.

Ensuring that all volunteers who will have contact with children and young people through Ventures and Falcon Camps complete this declaration is part of the Safeguarding policy of CPAS. That policy is based on guidelines from the Church of England, the Home Office and the Churches' Child Protection Advisory Service (CCPAS).

You are therefore asked to complete and sign the following Declaration. We may need to see your Birth and/or Marriage certificate to check names. **If you answer Yes to any of questions 1-5, please give full details overleaf or on a separate sheet.** We will follow these up with you as appropriate.

Because of the nature of the work for which you are applying, this position is exempt from the provision of section 4(ii) of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975), and you are not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. You must therefore declare all convictions whenever they occurred. In the event of appointment, any failure to disclose such convictions could result in the withdrawal of approval to work with children and/or young people on a Venture or Falcon Camp.

1. Have you ever been charged with, cautioned or convicted in relation to any criminal offence, or are you at present the subject of a criminal investigation or pending prosecution? <p style="text-align: right;">YES / NO</p>
2. Have you ever been barred from work with children under any provision of an Act of Parliament, by the Independent Safeguarding Authority or have you ever been referred to a Secretary of State? <p style="text-align: right;">YES / NO</p>
3. Have you ever been involved in court proceedings concerning a child for whom you have parental responsibility? <p style="text-align: right;">YES / NO</p>
4. Has there ever been any cause for concern regarding your conduct with children? <p style="text-align: right;">YES / NO</p>
5. To your knowledge have you ever had any allegation made against you, which has been reported to, and investigated by, Social Services and/or the Police? <p style="text-align: right;">YES / NO</p>

As this post involves substantial, unsupervised contact with children, all applicants who are accepted as volunteers will be asked to submit to a criminal records check before the position can be confirmed. You will be asked to apply for an Enhanced Disclosure through the Criminal Records Bureau. If we already have a CRB check for you from a previous year, we will normally treat that as valid for a period of three years from the date of its issue. If you need a new check, we will contact you. As the position is exempted under the Rehabilitation of Offenders Act this check will reveal any details of cautions, reprimands or final warnings, as well as formal convictions. This process is subject to a strict code to ensure confidentiality, fair practice and security of any information disclosed. The CRB Code of Practice and our own procedures are available on request for you to read. It is stressed that a criminal record will not necessarily be a bar to appointment, only if the nature of any matters revealed could be considered to place children at risk.

Please be aware that details of pending prosecutions, previous convictions, cautions, or bindovers against you will be disclosed along with any other relevant information which may be known to the police, Department of Health, Department of Education, the Independent Safeguarding Authority or Professional Councils e.g. Nursing and Midwifery Council.

CPAS undertakes to meet the requirements of the Data Protection Act 1998, the Protection of Children Act 1999 and the Criminal Justice and Court Services Act 2000.

6. Confirmation

Please ensure you have completed the whole form and then sign below.

I confirm that all the information I have given on this form is accurate, and that my church leader has signed section 3. I consent to a criminal records check, and have read the information in section 5 regarding this.

Date _____