

## Application Form for New Camp Volunteers

PARISH: \_\_\_\_\_ ROLE APPLIED FOR: \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TEL. NO/MOBILE: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

**Select a camp week you wish to volunteer for. You may select up to 2 but will only be allocated one single week. Please 'tick' (☑) first preference and 'cross' (☒) second preference (if any).**

Male Volunteers Only	Female Volunteers Only
<input type="checkbox"/> Boys Camp Week 1 (16 <sup>th</sup> July – 21 <sup>st</sup> July)	<input type="checkbox"/> Girls Camp Week 1 (30 <sup>th</sup> July – 4 <sup>th</sup> August)
<input type="checkbox"/> Boys Camp Week 2 (23 <sup>rd</sup> July – 28 <sup>th</sup> July)	<input type="checkbox"/> Girls Camp Week 2 (6 <sup>th</sup> August – 11 <sup>th</sup> August)
	<input type="checkbox"/> Girls Camp Week 3 (13 <sup>th</sup> August – 18 <sup>th</sup> August)

**Any previous experience or qualifications and current medical conditions**

If you have you previously been involved in voluntary work / working with children, please give details:

Please give details of any qualifications or training you have undertaken that you think may be relevant to this post:

Please detail any medical conditions you have that we need to be aware of, which may affect you carrying out some of the requirements of the post:

*(continued on next page)*

## Your Referees' Details

Please provide the names and addresses of **two** people (These should not be relatives), who have known you well and would be able to comment on your suitability for this post.

### Referee 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Referee 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Disclosure & Confidentiality

We are very aware of the potentially sensitive and confidential nature of the information contained in this document, and wish to assure you that it will be treated in the utmost confidence, and handled strictly according to our Policy on Secure Storage, Handling, Retention and Disposal of Disclosures Information. It will be seen **only by** the Registered Person who applies for the Access N.I. Disclosure.

*(continued on next page)*

- You are applying for a role which is a Regulated Activity as defined by the Safeguarding Vulnerable Groups (N.I.) Order 2007 and also falls within the definition of an “excepted” position as provided by the Rehabilitation of Offenders (Exceptions) Order (N.I.) 1979, therefore ALL convictions including SPENT convictions MUST be disclosed.

Having a criminal record will not necessarily bar you from working within the Dromantine Summer Camp. This will depend on the nature of the position and the circumstances and background of your offences. This information will be verified through an Access N.I. Disclosure.

The purpose of the following questions is solely to assess whether you pose a risk to children or vulnerable adults. If, for any reason, you answer Yes to this question, it will not automatically rule you out of the selection process. You will have the opportunity of fully discussing the circumstances with us at a face to face meeting in a confidential manner.

**Confidential Declaration**

**1. Have you ever been convicted or received an official caution for a criminal offence, other than minor road traffic offences?**

**If Yes, please give details:**

Date of Conviction	Offence	Sentence

**2. Have you ever been or are you the subject of a criminal investigation involving sexual offences or child abuse other than as the victim?**

**3. Are you the subject of any possible pending prosecution, other than minor road traffic offences?**

**If Yes, please give details:**

**4. Is there any reason why you cannot work in regulated activity?**

**If Yes, please give details:**

*(continued on next page)*

## Declaration

I am committed to protecting and safeguarding children, young people and vulnerable adults from abuse.

I understand that to knowingly give false information or to omit information will be considered as a breach of trust.

I declare that the information I have given on this form is correct.

It has been explained to me that this form will not be kept on record and will be destroyed when the recruitment process is completed.

I confirm that the information I have given on this form is correct and complete, and I agree that you may contact the people whose names I have given as referees. In accordance with the Data Protection Act 1998

I give my consent for the information contained in this form to be processed and stored in accordance with policy for the purposes of recruitment and employment.

Location of Post: Dromantine Summer Camp

DIOCESE: Dromore

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Note 1: Dromantine Summer camp implements a policy regarding the recruitment of ex offenders. Please follow this link <http://summercamp.dromantineconference.com/manager-applications-policies> for a copy of the policy.

Note 2: Dromantine Summer Camp follows the Access NI Code of Practice. Please follow this link (<https://www.nidirect.gov.uk/publications/accessni-code-practice>) for a copy of this code of practice

Please return your completed application by post to:

**Dromantine Summer Camp,  
Society of African Missions,  
Dromantine,  
Newry  
County Down  
Northern Ireland  
BT34 1RH**