Application for the position of

**MISSION TEAM VOLUNTEER**

Please indicate which centre you wish to apply for

Alton Castle

Soli Centre for Youth Ministry

Both

Which team are you applying for?

2023/24

2024/25

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| **Personal Details** | |
| Title |  |
| Surname |  |
| Forename (s) |  |
| Address |  |
| Postcode |  |
|  | |
| Date of Birth |  |
| Gender |  |
|  | |
| Home Telephone Number |  |
| Mobile Telephone Number |  |
| Email address |  |
|  | |
| Do you hold a full UK driving licence? |  |
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| Name of emergency contact |  |
| Address (if different from above) |  |
| Mobile Telephone Number |  |

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| **Secondary Education**  *Please state what schools and/or colleges you have attended and the qualifications you have obtained or are currently working towards.* | | | |
| Name & Address of school or college | From | To | Qualifications |
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| **Higher Education**  *Please give details of place of study and qualifications obtained* |
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| **Employment (if applicable)**  If you are currently in part-time or full-time employment, please state your job title, key responsibilities and the name and address of your employer. |
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| **Personal Interests**  Briefly indicate your interests and any extra-curricular activities in which you have been involved. |
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| **Character Description**  Please provide a short character description of yourself. |
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| **Faith Journey**  Please tell us about your faith journey. |
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| **Why do you want to be a member of the Mission Team**  Please explain why you want to be a member of the mission team and outline any relevant experience you have of working paid or voluntarily with children and young people and share with us your previous experience of working with others in a team. |
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| **Retreat Experience**  Please tell us about any previous experience of youth retreat centres, whether as a retreatant or as a member of a retreat team. |
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| **Personal Statement**  Please tell us about your reasons for applying to the Kenelm Trust centre for Youth Ministry, explaining both what you feel you can contribute to the volunteer team and what you hope to gain from living and working here. |
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| **Medical History**  Have you consulted a doctor (other than for minor ailments) or been admitted to hospital over the last five years? YES/NO  Have you had any period of absence from education/work through illness within the last 12 months? YES/NO  Do you have any medical conditions, allergies or disabilities? YES/NO  If you have answered YES to either of the above, please provide further details on a separate sheet.  Please give details of any current medication you are taking. |

**Eligible to Work in the UK**

All shortlisted applicants will be required to provide original material evidence of their Eligibility to Work in the UK.

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| **Declaration** | |
| I certify that the information provided on this application is, to the best of my knowledge and belief, accurate. | |
| Signed |  |
| Date |  |

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| **References**  Please provide the names of three referees: one must be your Parish Priest or School Chaplain. The other, a Senior Teacher/Head of Sixth Form/University Tutor or if you are employed your most recent employer. The third will be a character reference, ideally have some knowledge of your experience relevant to team work or working with children or young people. Where possible we would like to apply for references before your interview as it helps to speed up the application and offer process. Please can you tick the box next to each referee to confirm that you authorise us to contact the referee before an offer is made. | |
| **Reference no. 1** *Parish Priest or School Chaplain* | |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |

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| Please can you tick the box to confirm that you authorise us to contact the referee before an offer is made. |  |

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| **Reference no. 2** *Senior Teacher/Head of Sixth Form from your School/College or a University Tutor or Most Recent Employers if employed* | |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |

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| Please can you tick the box to confirm that you authorise us to contact the referee before an offer is made. |  |

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| **Reference no. 3** *Character reference ideally have some knowledge of your experience relevant to team work or working with children* | |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |

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| Please can you tick the box to confirm that you authorise us to contact the referee before an offer is made. |  |

Please return this form to:

**Kenelm Youth Trust Mission Team Applications,** Alton Castle, Castle Hill Road, Alton, Staffordshire, ST10 4TT.

Or email [Debbie.Woodward@kenelmyouthtrust.org.uk](mailto:Debbie.Woodward@kenelmyouthtrust.org.uk)