DAY CHAPLAIN & LICENSED READER ENROLMENT FORM

Title ……..…… **Name** ……..……..……

Address ……..

Post Code ……..……..… **Date of Birth** ..……...……..

Telephone ……. **Mobile** ……...……

Email……...……..……..…….

Current / Former Position (s)…….

……..……..

Training / Certificates

Do you hold a <u>Disclosure and Barring Certificate</u> (DBS) **YES** ☐ **NO** ☐

If Yes, supply issue date ……..….

and Certificate Number .....……..…….

Do you hold a <u>Permission to Officiate (PTO) or License</u> **YES** ☐ **NO** ☐

If Yes, supply issue date ……..……..

and for how long is the PTO valid ..……..……

Have you attended Church of England <u>Safeguarding Training</u> in the past three years or completed an online module **YES** ☐ **NO** ☐

Please state module name, date and where the training was complete or the name of the trainer ……..

If you are in receipt of any State Benefit (e.g. disability) that may be affected by voluntary activity, you can note it here.

……..

Tick this box to confirm you are a UK national or hold a visa that allows you to volunteer in the UK ☐

If you have any medical condition which would necessitate a particular course of action in a first aid situation, you can note it here:

……..…….

Emergency Contact Name ……**Number** ……..……..

Previous/Current Volunteer Experience ……..……

…….

When might you be available to volunteer?

Mon Tue Wed Thu Fri Sat Sun

……...…….

What persuaded you to volunteer and why?

……...……..

……...……..

Any other comments;

…….

……..……

Please return your completed form to:

Volunteer Services Department
Cathedral Offices, Chain Gate, Cathedral Green, Wells. Somerset BA5 2UE
Tel: 01749 832217 ext. 3001 or 01749 674483
email: volunteers@wellscathedral.uk.net