



SCOUTS UNITAIRES DE FRANCE IN LONDON

VOLUNTEER APPLICATION FORM

Role(s) applied for:
Title (Mr/Mrs/Miss/Ms/Other):
Current Full Name:
Full Adresse incl Postcode:
Preferred Telephone:
Email address:
Previous DBS check ID (if any):

Question 1

Please tell us something about yourself - any interests or experience you have which are relevant to the role(s).

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Question 2

Do you have any current medical conditions you feel we should be aware of in order that we can ensure your wellbeing whilst you undertake the role(s)?

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Question 3 - REFERENCES

Please give names, addresses and telephone numbers of two people who we may contact who have known you well for at least 2 years and would be able to comment on your suitability for this role (teachers, colleagues, friends,...). We cannot accept references from your relatives or family members; your Parish Priest/Deacon or members of your Diocesan/Religious Safeguarding Team or any volunteer already in the SUF Group. If you are unsure on who to ask do not hesitate to contact us so we can help you.

Referee 1

Full name
Full Address incl Postcode
Preferred contact Telephone
Email address

In what capacity does this person know you?

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Referee 2

Full name

Full Address incl Postcode

Preferred contact Telephone

Email address

In what capacity does this person know you?

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Declaration (please read, sign & date)

I give my consent, in accordance with the Data Protection Act 1998, for the information contained in this form to be processed and stored for the purposes of recruitment.

I understand that a Disclosure & Barring Service (DBS – formerly known as CRB)/pre-appointment vetting checks will be required as part of the recruitment process. Details of the Disclosure will be recorded and retained indefinitely on the National CSAS Confidential Database.

By making this application I confirm that I am not barred from working with vulnerable groups and understand that to apply to work with such group/s in Regulated Activity roles when barred from doing so is a criminal offence.

In the event that I am not appointed or in the future step down from the post, I understand that relevant information will be retained on file until I reach normal retirement age, or for 10 years if that is longer. (As per Working Together good practice guidance)

I declare that the information I have given on this form is correct and true to my knowledge.

Dated:

Signed: