FOR OFFICE USE ONLY 14.12.07

Date Received:	Reply Sent:	Interview Date:



Volunteer Application Form

This information will be kept confidential

Personal Details				
Surname:	Other Names:			
Address:	Telephone:			
	Mobile:			
DOB: Nationality:	Email:			
Are you currently employed? No □ Yes □	Have you ever had a drug problem? No ☐ Yes ☐			
Do you have a full driving license? No ☐ Yes ☐	☐ Do you have your own transport? No ☐ Yes ☐			
Do you smoke? No ☐ Yes ☐	Do you ever drink alcohol? No ☐ Yes ☐			
Do you have any criminal convictions? No Yes If yes, please describe:				
-	If yes, how long?			
	0			
	n?			
Can you submit to leadership or is it sometimes	s a problem?			
References				
At least one reference should be obtained from people who know you well but not use family m	your Pastor/Minister. You should give the names of embers.			
Name:	Name:			
Occupation:	Occupation:			
Address:	Address:			
Phone Number:	Phone Number:			
Email:	Email:			
In what capacity do you know this person?	In what capacity do you know this person?			

Experience Please list any skills, training or related experience:		
Do you have an	y skills (i.e. secretarial, building w	ork, painting, etc) that you could offer to help Teen
Challenge Londo	on? Please describe:	
	o work with people or to do sometl	ning more practical that doesn't involve constant
Please share a b	orief account of how and when you	became a Christian:
		iraculous gifts within the church today?the Holy Spirit'?
Why do you war	nt to volunteer for Teen Challenge	London:
Please return th	is form to:	



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