



Soul Survivor, Unit 2, Paramount Industrial Estate, Sandown Road, Watford, WD24 7XF  
 t: 0870 054 3331  
 f: 0870 054 3334  
 e: teams@soulsurvivor.com  
 w: www.soulsurvivor.com/uk

# TEAMS 2010 Application Form

Please attach photo here

## TEAM APPLYING FOR

First Choice:

Second Choice:

Please write in BLOCK CAPITALS using BLUE or BLACK ink and either attach a passport sized photo or email a lo-res image to teams@soulsurvivor.com including your NAME, and the WEEK you are attending.

## event details

Which weeks will you be working at?

- Soul Survivor Week A (Stafford): 30-3 August 2010
- Soul Survivor Week B (Shepton Mallet): 11-15 August 2010
- Soul Survivor Week C (Shepton Mallet): 16-20 August 2010
- Momentum (Shepton Mallet): 21-25 August 2010

## personal details

Title	Surname
First Name	D.O.B.
Address	
Postcode	
Mobile	Telephone
Email	

## accommodation

Will you be staying off site?  Yes  No. If no, please indicate the accommodation you will bring  
 Caravan  Awning  Small Tent  Large Tent  Motor Home

If you would like to camp with a specific church group or friend please indicate here (If you do not wish to specify you will automatically be placed in one of the teams villages):

## food requirements

**NB: This Section is NOT Applicable to Village Hosts & Enabling Team**

Please enter your food requirements/allergies

## referee details

Please give us your church leader's details so we can contact them for a reference. If your minister is a relative please give the details of someone else on the Church Leadership Team.

**Please note this information is ESSENTIAL to your application. We will not be able to process your application without obtaining a reference for you.**

Church Name	
Contact Name	
Position Held within the Church	
Address	
Postcode	
Email	
Telephone	Mobile



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## CHILD PROTECTION INFORMATION

### Our Values

Worshipping God in the way we live our lives, in thankfulness to him and through songs of worship.  
Relationships with others. To act with integrity and aim to build others up  
Teaching - Bible based life styles.  
Prayer ministry.  
Teachable attitudes.  
Culturally relevant evangelism.  
Unity in the heart of all those involved.

### Ministry Times

People in the safety of ministry times will share some of their deepest hurts including abuse. Any allegation of abuse must be taken seriously and Soul Survivor has a duty to report it to the relevant agencies.

### Guidelines

If a person tells a team member about abuse:  
Listen carefully, but don't ask questions.  
Never promise to keep it a secret  
Reassure the young person that they have done the right thing  
Pass on the information to your team leader  
Write up what you have been told afterwards using the person's own words and give to a member of the welfare team.  
All that is shared is Strictly Confidential

### Abuse Covers:

#### *Physical Injury*

Any injury to a child or young person caused by a family member or other person with responsibility for their care.

#### *Neglect*

A failure to meet a child's or young persons needs for food, warmth, protection and care.

#### *Emotional Abuse*

The persistent, severe emotional ill treatment or rejection that severely effects the emotional and behavioural development of the child or young person.

#### *Sexual Abuse*

Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities or encouraging them to behave in sexually inappropriate ways. A child or young person involved in sexually abusing another child or young person should be treated as a victim of abuse.

### The Alleged Abuse

- + Can be current or happened in the past but not during the event.
- + Has happened during the event.

### Procedure

The team member must obtain the name of the person who has disclosed the abuse, and report the situation immediately to their Team Leader, giving minimal details. Do not leave the person on their own.

The Team Leader with the team member will immediately report directly to the Welfare Officer who will then be responsible for the matter.

The Welfare Officer will involve the Ministry Co-ordinators for their support of the team member and the people involved as required.

PLEASE NOTE that once someone is 18yrs we do not have a right to report disclosures, it becomes their decision, unless someone under 18 is at risk.

### CHILD PROTECTION DECLARATION

I declare that I have read and understood the above Child Protection information and I agree to abide by the procedures and guidelines laid down.

Signature:

Date:

Full Name:

(BLOCK CAPITALS)



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**experience**

Please tell us in a couple of sentences what experience you have that is relevant to the team you are applying for. Please also include your Christian Experience, particularly in relation to ministering in the power of the Holy Spirit.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Have you been on team before?
- Are you qualified in First Aid?
- Are you able to stay for the whole event?
- Will you be responsible for any children under 12?

Please tick the boxes that apply to you

Do you have any experience of working with children and/or adults with Special Needs? Please give details below, including if you would like to be involved with this type of work at Soul Survivor.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SELF DISCLOSURE (REHABILITATION OF OFFENDERS ACT 1974)**

The nature of this event means that you must tell us about any convictions (pending, spent or unspent) and any cautions you have received.

Have you ever been convicted of an offence in any criminal proceeding, in any court, in any country? *(For motoring offences please only answer YES if it resulted in disqualification).*

YES  NO  If yes, please give details: \_\_\_\_\_

Has your conduct ever caused mental or physical harm to a child / young person or put a child at risk? To your knowledge, has it ever been alleged that your conduct has resulted in any of those things?

YES  NO  If yes, please give details: \_\_\_\_\_

Do you have any ongoing health conditions? *Please include details of any disability or depressive illness.*

YES  NO  If yes, please give details: \_\_\_\_\_

Does this affect you working with children and young people?

YES  NO  If yes, please give details: \_\_\_\_\_

**FAILURE TO DISCLOSE INFORMATION, WHICH SUBSEQUENTLY COMES TO LIGHT, COULD RESULT IN IMMEDIATELY BEING ASKED TO LEAVE SITE.**

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED BOOKING FORM TO:  
 TEAMS, SOUL SURVIVOR, UNIT 2 PARAMOUNT INDUSTRIAL ESTATE, SANDOWN ROAD,  
 WATFORD, WD24 7XF OR FAX TO 0303 333 1 333.**

**PLEASE RETURN THIS FORM BY 30/06/10  
 (At the latest - We love to have them earlier!!)**





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### **PLEASE KEEP THIS COPY FOR YOUR RECORDS**

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