

# CATALYST VOLUNTEER APPLICATION FORM STAGE 1

(Please write clearly using BLOCK CAPITALS)

Before completing this form, please read the Application Information included in this pack.

PERSONAL DETAILS			
First Name			
Surname/Family Name			
Do you have a name you are knowname above?	wn by that is diffe	erent from the	
Date of Birth			
Address			
			Place your PHOTO here
City	Post Code / Zip Code		
Country			
Home Telephone Number		Mobile / Cell Phor	ne Number
Email address - please write clear	rly		
Nationality	Marital Status		Number of children
Adventure in creation, Life T	oices for a stream,	we will try to place y	ou on your first stream choice.
Stream option 1 Stream option 2			

CATALYST GO!			
	rope or Worldwide. Trij		ers will have the opportunity to go agascar, France, South Korea and
If you are accepted you will have will depend on the location you			ve. The amount you have to pay
UK £100 4 day trip Europe £200 5 day trip Worldwide trip £500 10 day tri	0		
Find out more about Catalyst G	O! <u>here</u>		
Write down your top tw	o choices for a mission	trip, we will try to p	place you on your first choice.
UK, Europe, Worldwide			
Catalyst GO! option 1			
Catalyst GO! option 2			
WHEN WOULD YOU LIKE TO	O COME?		
<ul> <li>Please note: you may approximately come for the summer or</li> </ul>		months and a maxi	mum of 12 months, unless you
<ul> <li>If you require a visa, we</li> </ul>			
Please indicate when would y Place?	you like to come to A	shburnham	Which year?
Early January /Early April / E			
Please indicate when would			Which year?
Early January / Early April /	End June / Early Sept	ember	
PASSPORT DETAILS - This s	ection must be comp	leted accurately	
Passport Number	Date of issue		Expiry date
Your name exactly as it appe	ears on your passport		
Surname/Family Name		n/Christian Name(	
The place (town) of your birt	:h	Passport - Place	of issue
		<u> </u>	
GENERAL INFORMATION			
How did you hear about volu	untooring at Ashburnh	am Dlaco2	
now did you near about voic	inteering at Ashburni	iaiii Piace:	

If it was from a person, please give their name:

Education		
Year(s)	School/College/University	Course Taken
Employment		
Year(s)	Name of Employer/Company	Position Held
Volunteering or Community		
Year(s)	Name of Organisation	Role description
Please indicate with a 'X' if y	ou have any of the following creat	tive gifts:
Music	Photography	Drama
Dance	Art & Design	Craft
Film Production	The st Design	0.0.1
Please give more details:		<u> </u>
Diagon manile with a (V) and of		
Please mark with a 'X' any of	f the following in which you have e	experience:
Domestic Work	Typing	Decorating & Painting
Cooking	General Office Work	Electrical Work
Accounting	General Maintenance	Engineering
Computer Skills	Plumbing	Driving
Receptionist or Admin	Carpentry	Gardening & Farming
Coffee Shop or Serving	Children's Work	

Other:

Please mark with a 'X' which of the following teams you would prefer experience in.  Please note this does NOT guarantee your placement within this team. (Application Information)						
Hospitality		Food Preparation		Maintenance		
Tea Room		Reception and Bookings		Guest Welcome		
Grounds and Gardens						

Microsoft Word	Microsoft Excel	Microsoft Access	
Photoshop (Adobe)	HTML, Coding	Marketing	
Video Editing	Film Direction		

HEALTH							
Volunteering at Ash general health	burr	nham Place will requir	е уос	ı to be involved in p	hysica	al activity. Is your	
Excellent		Good		Reasonable		Poor	
Have you ever had equipment difficult?		lems with your back,	joints	or muscles that wo	uld m	ake lifting or operat	ing
Yes		No					
If yes, please give fu	ırthe	er details:					
Do you wear glasse	s or	contact lenses?					
Yes		No					
If yes, is your unaide	ed vi	sion					
Reasonable		Poor		Very poor			

REFERENCES The reference forms should be downloaded and handed to your pastor and one other person who can also comment on your spiritual life as well as your general character.						
Neither referee should be a parent or a relative Please give their names and contact details be						
Pastor's or Church Leader's name	Email address					
Telephone number	Address					
Name of 2 <sup>nd</sup> Reference	Email address					
Telephone number	What is their relationship to you? Pastor, Mentor, Employer, Parent, Friend or other					

Please tick the box which most applies to you:	
I completed this form entirely by myself, with no help from anyone else	
Someone else completed this form for me.	
I completed this form with some help from another person.	

# Thank you,

To finish this form, complete the agreement on the next page.

## ASHBURNHAM PLACE COMMUNITY AGREEMENT

Please read the following page carefully - your signature on this form is your agreement to them.

- ✓ I will not drink alcohol or take non-prescribed drugs whilst I am at Ashburnham.
- ✓ I understand that I have to return to my country when my time as a volunteer at Ashburnham Place is finished (for non-European Union countries only).
- ✓ I will endeavour to stay at Ashburnham Place for the full period for which I have committed myself. I understand that if it is mutually agreeable, if the period is less than 12 months I can increase this up to 12 months provided my visa is extended accordingly.
- ✓ I understand that while at Ashburnham Place I will be expected to live and behave within the values of love, fun, generosity, honesty, faith, thankfulness.
- ✓ I will attend the activities of the community as is expected of me this includes attendance at weekly teaching sessions, community gatherings, other events and social action projects.
- ✓ I understand that Ashburnham Christian Trust cannot take responsibility for the costs of any medical treatment required while I am resident in the UK, or for any personal property. Ashburnham Christian Trust advises you to take appropriate insurance cover.
- ✓ I have read, understand and I will adhere to the conditions stated the Application Information document.
- ✓ I understand that failure to meet these expectations may result in my being asked to leave Ashburnham Place.

#### Declaration

Thank you for completing the Ashburnham Place Catalyst Application Form. All data on this form will be handled in accordance with our <u>Privacy Policy</u>,

# By signing this application, you confirm that: -

I agree with the Community Agreement written above.

I agree to the Ashburnham Place Privacy Policy found in this pack.

I give consent for you to contact my references in regard to this application.

Signature		
Date		

## Please return this completed form to

Ashburnham Place Catalyst Volunteer Programme Ashburnham Place Battle, East Sussex TN33 9NF, UK

www.ashburnham.org.uk catalyst@ashburnham.org.uk

Phone: 0044 (0)1424 892244