



# Charles Thompson's Mission Volunteer Application Form (edited July 2020)

All information will be kept confidential

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth (Volunteers must be 18 years of age or above): \_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**"I have received and agree to abide with the terms of the CTM Volunteer Agreement"**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE**

Recommended by: (CTM member of staff, church leader)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: (CTM trustee/appointed representative)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_