



# Charles Thompson's Mission Volunteer Application Form (October 2021)

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: \_\_\_\_\_

## Consent:

I consent to having my photograph taken for promotional purposes or social media ☐

I would like to receive the CTM Newsletter via email (twice yearly) ☐

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## OFFICE USE

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

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

Approved by: (CTM trustee/appointed representative)

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