

Street Angels Skipton - Application form



- We do not ask for your age, but you must be over 18 years.
- We require two references.
- Where references are satisfactory a short informal interview will be arranged.
- Successful applicants will then be trained and a review carried out after three months.

First name(s) _____ Surname _____

Address _____

_____ Post Code _____

Telephone _____ Mobile _____

Email (*please show very clearly*) _____

Church attended (*if any*) _____

Do you have a current First Aid qualification? Yes / No

If Yes, please give details _____

Please supply the names of two referees. If you attend church, include your church leader.

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Email _____ Email _____

Relationship _____ Relationship _____

(*for example, employer*)

DECLARATION : I agree to follow the policies and procedures of Street Angels Skipton.

Signature _____ Date _____

Print name _____

We value volunteers and the commitment they invest in Skipton.

Please return this form to a Street Angel in Skipton or post to:

Street Angels Skipton, c/o 7 Pine Close, Skipton, North Yorkshire BD23 1PR