JUMBU	LANCE	CHAPLAIN
VOLUNTEER CHAPLAIN APPLICATIC	making travel possible CHARITY NO. 1090731 IN 2017 DESTINATION:	
SECTION 1: PERSONAL DETAILS		
Title: Forename:	Last Name:	
Date of Birth: (DD/MM/YY):		
Correspondence Address:		
Post Code:		
Preferred phone number:	Other Phone Number:	
Email Address:		
Emergency Contact Details:		
Title: Forename:	Last Name:	
Relationship:		
Address:		
Phone:	Mobile:	
Email Address:		
Passport/Healthcard & Insurance [	etails (this is required for all European travel)	
Passport No:	Date of Expiry:	
EHI Card No:	Date of Expiry:	
Insurance Policy No (if known):		

Place of Work:

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Present Position Held:

Past Relevant Experience:

Name, Address and Qualification of Professional Referee (page 3) (requirement for first time travellers only)

## SECTION 3: ENHANCED DISCLOSURE (to be completed by all volunteer helpers)

You must have an enhanced disclosure (DBS/PVG Scheme/CRB) that is less than three years old to volunteer on a Jumbulance holiday.

Do you have an enhanced disclosure YES/NO

Please provide a copy of your disclosure certificate or online reference number. Failure to do so may impact on your ability to take part.

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**CHAPLAIN** 

	making tra	vel possible	CHARITY NO. 1090731					
VOLUNTEER CHAPLAIN APP	LICATION 2017		DESTINATION:					
SECTION 4 – GENERAL INFO	<u>RMATION</u>							
Are you a vegetarian?		YES/NO	Vegan?	YES/NO				
Other Special Diet:								
Are you a smoker?		YES/NO						
The Jumbulance Trust has a strict no smoking policy on the vehicle								
Is this your first Jumbulance	Trip?	YES/NO						
Can we use photos and foot	age of you?	YES/NO						
SECTION 5 – MEDICAL INFO	RMATION							
Are you fit and able?		YES/NO						
Are you on medication:		YES/NO						
If yes please state your drug	s and dosage:	Please lis	t ALL medication a	nd attach Chemist's print out				
Any other useful information								
Please indicate any history of back trouble, heart trouble, lung or chest weakness, epilepsy, diabetes, allergies etc.								
This information is to achieve a well balanced team of helpers.								
Your Doctor's Details								
Title: For	ename:		Last	Name:				
Full Address:								
Postcode:	Telephone number:							

I hereby authorise the Jumbulance Trust or it's representatives to make such enquiries as it deems necessary to validate any information contained on this form and confirm that at no time has my name been included on the Protection of Vulnerable Adults list nor on the Sex Offenders Register.

I confirm that the above information is correct and authorise the Jumbulance Trust or its representatives to seek confirmation from my Doctor if required. For insurance purposes I also confirm:

- i) That I am not travelling against the advice of a medical practitioner nor for the purpose of obtaining medical treatment abroad.
- ii) That I am not expecting to give birth before or within eight weeks following the date of arriving home (ladies)

Application's Signature:

Date:

## WHEN COMPLETED PLEASE RETURN TO GROUP ORGANISER



## **CHAPLAIN**

making travel possible

CHARITY NO. 1090731

**VOLUNTEER CHAPLAIN APPLICATION 2017** 

DESTINATION: ..... Unit 42, Thrales End Business Centre, Thrales End Lane, HARPENDEN, Herts, AL5 3NS JUMBULANCE is a registered Trade Mark belonging to the Jumbulance Trust

## **REFERENCE**

I confirm that I have known .....

For ...... years and have no reason to believe that he/she would be unsuitable in any way to act as a carer of vulnerable adults or children travelling as part of a holiday group on a Jumbulance.

Signed:

Name:

Address:

Post Code:

Date: