



August 15th to 20th, 2011

38 Vicarage Road
Portadown
Co. Armagh
BT62 4HF

(028) 38332664

Dear Adult Volunteer,

Thank you for expressing an interest in Volunteering with Xpression 2011. Xpression is an exciting Christian Outreach initiative that relies on volunteers like you.

Whilst Xpression may seem very far off, plans for this year are well underway. In order to help us cope with all of the logistical planning requirements, it is essential that all potential volunteers attend one of the following Registration Meetings.

Wednesday, 27th April (7.30pm) : Xpression Prayer Room, Market Lane, Portadown

Wednesday, 18th May (7.30pm) : Thomas Street Methodist Church Hall, Portmore Street

Thursday, 19th May (7.30pm) : St Mark's Parochial Hall, Carleton Street

Monday, 23rd May (7.30pm) : 1st Presbyterian Church Hall, Watson Street

Under current Child Protection Legislation, it is necessary to enquire as to the suitability of all adult volunteers (18+) to work with children. We would be most grateful if you could fill in the attached documentation that allows us to satisfy these legislative requirements and bring this form, along with the required identification (see ID Validation Document) to one of our Registration Meetings. If you require any assistance in completing your form, we will be most happy to help you in person.

In order to ensure that the necessary checks may be carried out in time for Xpression, all documentation must be received by Monday, 6th June. Adults who have not processed the enclosed forms and have not been checked in the required way, will not be permitted to participate in Xpression as a volunteer. With this in mind, even if you are unsure of your availability during Xpression Week, please do complete the documentation anyway, so that the opportunity to take part is always available to you.

Along with your application, it would also be very much appreciated if you would enclose a donation of £20 to Xpression. This will help greatly towards the growing costs of this project and will entitle you to a Xpression T-Shirt and lunch prior to afternoon activities. Cheques ought to be payable to 'Xpression'.

When we meet in person, you will be asked if you are willing to serve as a Team Leader. We need leaders to guide and encourage the younger members as they serve the Lord Jesus through the work of Xpression. We would be most grateful if you could give this your prayerful consideration.

However, if you would prefer not to lead a team, please know that your contribution will be most valued in whatever role you undertake. Specialised tasks are always required and to have willing adult volunteers is of great importance.

Like last year, Xpression will run from Monday morning, August 15th to Friday August 19th at tea time. We hope to hold the town centre Xpression Open Air Event on the evening of Saturday August 20th.

P.T.O

We continue to be truly amazed at what God has done through the work of Xpression during the past five years. We are very excited about what will happen this year. Please remember Xpression in your prayers and us as a Committee as we plan during the months ahead.

Yours in Christ,

Malcolm Kingston

Malcolm Kingston

malcolm.kingston@btinternet.com

WHEN COMPLETING YOUR FORM

Please ensure that you complete Parts B, D, E, F & G only and that you use **Black Ink**.

If you photocopy this form for another person, please ensure that the forms are photocopied single side only and all nine pages are included. Please do not staple pages together and please bring this document and your identification to a registration meeting.

Thank you!



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AVAILABILITY

We realise that you might not know your exact availability as yet, but if you can offer any guidance on when you might be available, it would be most appreciated.

(Please tick as appropriate).

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |
| Evening | | | | | |

PREFERRED AREA TO SERVE

- Brownstown _____
- Killycomain _____
- Corcrain _____
- Garvaghy _____
- Portadown Town Centre _____
- Craigavon _____
- Richhill _____

ACTIVITY TEAM YOU WOULD BE WILLING TO ASSIST WITH

(We need General Activities Team leaders, as well as leaders for Specialist Activity Teams. If any of these specialist activities take you fancy, please let us know!)

- Art _____
- Kid's Club _____
- Football _____

NB – whilst we will try to accommodate preferences, please be aware that needs may require us to place you in alternative areas.

T SHIRT SIZE

- S _____ M _____ L _____ XL _____ XXL _____

REFERENCES

Please include either a reference by your Church Minister / Pastor, or the name of an Xpression Committee Member, who is willing to act as a referee on your behalf.

MINISTER'S REFERENCE :

I have known _____ (*Applicant's Name*) for at least two years and would regard him / her to be of suitable character to participate in the Xpression Christian Outreach Project.

Signed : _____

Name : _____

Address :

Church :

XPRESSION COMMITTEE MEMBER REFERENCE :

(please contact prior to ticking the relevant person's name)

Tommy Lyttle : _____

Kyle Reid : _____

Adam Pearson : _____

Ruth Watt : _____

Peter Smith : _____

Judith West : _____

Malcolm Kingston : _____

Mark Ferguson : _____

Darren Watt : _____

Lynne Lockhart : _____

ID VALIDATION FORM



It is standard good recruitment practice for employers to satisfy themselves as to the identity of those applying for positions. Although AccessNI may in some cases conduct its own checks to confirm identity, there is no substitute for thorough identity checks by employers. Larger Registered Bodies that delegate responsibility for ID checking, or Umbrella Bodies who are assisting smaller organisations through the checking process, should ensure documentary evidence is validated, and that they indicate on the Disclosure Application Form (Part H), the checks have been made. Employers should seek to comply with the Guidance below. Organisations must also ensure they comply with Section 3 of the AccessNI Code of Practice.

Valid Identification Documents

Three documents must be produced in the name of the applicant; **one from Group 1 and two from Group 2 (see overleaf)**. If this is not possible, then **five documents from Group 2** must be produced. It is preferred that **at least** one of these documents includes photographic identification.

Please use the attached form and tick the appropriate boxes to indicate what ID has been checked. Approved Counter Signatories must ensure that H9 of the Disclosure Application Form is completed. This ID Validation Form should be made available to AccessNI on request.

Name of applicant _____

Date ID check carried out: _____

ID checked by: _____

I confirm I have seen the original ID documents as indicated on the attached sheet

Signed: _____

**THIS FORM SHOULD BE RETAINED WITHIN YOUR ORGANISATION.
PLEASE DO NOT SEND IT TO ACCESSNI**

| GROUP 1 | | GROUP 2 | |
|--|---|--------------------------|--|
| <input type="checkbox"/> | Valid Passport | <input type="checkbox"/> | Marriage certificate/ Civil Partnership Certificate |
| <input type="checkbox"/> | UK Driving Licence Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photocard or paper (a Photocard is only valid if accompanied with the paper counterpart) | <input type="checkbox"/> | Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable) |
| <input type="checkbox"/> | Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable) | <input type="checkbox"/> | P45/P60 statement |
| <input type="checkbox"/> | Valid photo identity card (EU countries only) | <input type="checkbox"/> | Utility bill (electricity, gas,water,telephone – including mobile phone contract/bill) |
| <input type="checkbox"/> | UK Firearms licence | <input type="checkbox"/> | Valid TV licence |
| <input type="checkbox"/> | HM Forces ID card (UK) | <input type="checkbox"/> | Credit card statement |
| <input type="checkbox"/> | Adoption Certificate (UK) | <input type="checkbox"/> | Store card statement |
| <p>* documentation must be less than 3 months old</p> <p>** documentation must be issued within the last 12 months</p> | | <input type="checkbox"/> | Mortgage Statement |
| | | <input type="checkbox"/> | Valid insurance certificate |
| | | <input type="checkbox"/> | Certificate of British nationality |
| | | <input type="checkbox"/> | British work permit/visa ** |
| | | <input type="checkbox"/> | Asylum Registration Card |
| | | <input type="checkbox"/> | AccessNI Disclosure Certificate |
| | | <input type="checkbox"/> | Personal correspondence or a document from a Government Department * |
| | | <input type="checkbox"/> | Bank or Building Society Document ** |
| | | <input type="checkbox"/> | Financial statement e.g. pension,endowment,ISA ** |
| | | <input type="checkbox"/> | Valid vehicle registration document |
| | | <input type="checkbox"/> | Mail order catalogue statement* |
| | | <input type="checkbox"/> | Court summons |
| | | <input type="checkbox"/> | Valid NHS card |
| | | <input type="checkbox"/> | Court Claim Form |
| | | <input type="checkbox"/> | Addressed payslip* |
| | | <input type="checkbox"/> | National insurance number card |
| | | <input type="checkbox"/> | Examination certificate (e.g. GCSE, NVQ) |
| | | <input type="checkbox"/> | Letter from a Head Teacher* |
| <input type="checkbox"/> | Child Benefit book | | |
| <input type="checkbox"/> | Smartpass | | |

PART B Applicant's details

B1 Title Mr Mrs Miss Ms Other
If 'Other' please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth (if different)
 used until

B6 Any other surname(s) used? No Yes *If 'Yes', please complete F1, if 'No' go to B7*

B7 Any other forename(s) used? No Yes *If 'Yes', please complete F5, if 'No' go to B8*

B8 Gender Male Female

B9 Date of birth

B10 Place of birth - Town
 Country

B11 National insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No *If No, go to B17.* Yes *If Yes, complete B14, B15 and B16.*

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Do you have an ISA registration number? No *If No, go to B19.* Yes *If Yes, complete B18.*

B18 ISA registration number

B19 Do you have a Scottish Vetting & Barring number? No *If No, go to B21.* Yes *If Yes, complete B20.*

B20 Scottish Vetting & Barring number

B21 Preferred contact number

PART C Application for Registration with ISA

C1 Are you applying for registration with ISA? No *If No, go to Part D.* Yes *If Yes, complete C2 - C5.*

C2 Do you intend to work, paid or unpaid, with *(Cross all that apply)* Children Vulnerable Adults

C3 Do you intend to work, paid or unpaid, in controlled activity with *(Cross all that apply)* Children Vulnerable Adults

C4 Are you applying as a free of charge volunteer? No Yes
By placing X in the Yes box at C4 I understand that I may be liable for payment at a later date should my employment status change.

C5 Security information - name of first school

For security reasons you may be asked to provide this, together with other personal information, when contacting AccessNI or ISA.

PART D Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1 Current address

D2 Town / City

D3 County

D4 Country

D5 Postcode

D6 Lived at this address since //

Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above).

D7 Delivery address

D8 Town / City

D9 County

D10 Country

D11 Postcode

PART E Address history

If you have lived at the address at D1-D5 for less than 5 years please provide details of all your previous address(es), including student accommodation, and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address Continuation Sheet – this is downloadable at www.accessni.gov.uk.

E1 Address

E2 Town / City

E3 County

E4 Country

E5 Postcode

E6 Lived at this address from / to /

E7 Address

E8 Town / City

E9 County

E10 Country

E11 Postcode

E12 Lived at this address from / to /

PART F Names history

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

| | | | | | | | | |
|----|-------------------|------------------------|------------------------|----------------------|----|------------------------|------------------------|----------------------|
| F1 | Previous surname | <input type="text"/> | | | | | | |
| F2 | date used from | <input type="text"/> / | <input type="text"/> / | <input type="text"/> | to | <input type="text"/> / | <input type="text"/> / | <input type="text"/> |
| F3 | Previous surname | <input type="text"/> | | | | | | |
| F4 | date used from | <input type="text"/> / | <input type="text"/> / | <input type="text"/> | to | <input type="text"/> / | <input type="text"/> / | <input type="text"/> |
| F5 | Previous forename | <input type="text"/> | | | | | | |
| F6 | date used from | <input type="text"/> / | <input type="text"/> / | <input type="text"/> | to | <input type="text"/> / | <input type="text"/> / | <input type="text"/> |
| F7 | Previous forename | <input type="text"/> | | | | | | |
| F8 | date used from | <input type="text"/> / | <input type="text"/> / | <input type="text"/> | to | <input type="text"/> / | <input type="text"/> / | <input type="text"/> |

Once you have completed Part F, please return to B8 to continue with this Form.

PART G Declaration by Applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true and I understand that knowingly to make a false statement for this purpose may be a criminal offence.

G1 Do you have any convictions? No Yes

G2 Signature of applicant (*please sign in box*)

G3 Date of signature

/

G4 Name (in CAPITALS)

Information you have supplied on this form, and any other additional information you have supplied in support of this application, may be passed to other Government organisations and law enforcement agencies.

You must now return this form to the person who asked you to complete it

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