

A Charity working
with young people



DREADNOUGHT
Carn Brea Lane
Pool
Redruth
TR15 3DS
Tel: 01209 218 764
Fax: 01209 219797

Charity No: 270486

APPLICATION FOR BOARD MEMBERSHIP

Block Capitals Throughout Please

TITLE:
FULL NAME:
ALL PREVIOUS OR OTHER NAMES:

NATIONAL INSURANCE NUMBER:.....
DATE OF BIRTH:.....

ADDRESS:..... PHONE NUMBERS
HOME:.....
WORK:.....
MOBILE:.....
FAX:.....
POSTCODE:..... EMAIL:.....

HOW LONG AT THIS ADDRESS:.....
IF LESS THAN 5 YEARS PLEASE LIST ALL PREVIOUS ADDRESSES:
.....
.....
.....
.....
From..... To..... From..... To..... From..... To.....

OCCUPATION:
NAME OF EMPLOYER / BUSINESS:
ADDRESS OF EMPLOYER / BUSINESS:.....

please feel free to use an additional sheet to answer the following four questions:

WHY WOULD YOU LIKE TO BE PART OF DREADNOUGHT'S BOARD OF TRUSTEES? :

FROM YOUR PREVIOUS EXPERIENCE, WHAT RELEVANT SKILLS AND KNOWLEDGE COULD YOU BRING

WHAT DOES THE TERM 'DIVERSITY' MEAN TO YOU?

HOW DO YOU DEAL WITH CONFLICT?

Please give an example of how you have dealt with conflict in the past.

HAVE YOU ANY OBJECTIONS TO ENHANCED CRB CHECKS BEING CARRIED OUT ?
YES / NO

THE VOLUNTARY WORK FOR WHICH YOU ARE APPLYING IS "EXEMPT" UNDER THE PROVISIONS OF REHABILITATION OF OFFENDERS ACT. PLEASE SIGN BELOW AND STATE WHETHER OR NOT ANY COURT HAS AT ANY TIME FOUND YOU GUILTY OF AN OFFENCE. IF YES, PLEASE GIVE DETAILS. (THIS WILL NOT NECESSARILY DEBAR YOU FROM VOLUNTARY WORK AT THE CENTRE)

IF NO PLEASE STATE "NO CONVICTIONS"

SIGNED..... DATE.....

I GIVE MY PERMISSION FOR DREADNOUGHT TO RETAIN PERSONAL INFORMATION ON MY FILE IF DEEMED RELEVANT TO MY APPLICATION TO BE A VOLUNTEER/TRUSTEE

SIGNED..... DATE.....

NAME AND ADDRESS OF 3 REFEREES

NAME	NAME	NAME
ADDRESS.....	ADDRESS.....	ADDRESS.....
.....
POSTCODE.....	POSTCODE.....	POSTCODE.....
TEL.....	TEL.....	TEL.....

EMERGENCY DETAILS (WHOM WE SHOULD CONTACT IN AN EMERGENCY)

NAME.....
RELATIONSHIP TO YOU.....
ADDRESS.....
HOME PHONE..... WORK NUMBER.....
