

## Section 1 – Personal Details

Title:                    Mr     Mrs     Miss     Ms     Other \_\_\_\_\_

Surname:                     First Name:

Current Address:

Postcode:

Contact Number:

Email Address:

D.O.B:                     Age:

Gender:                    Male     Female     Other:

Marital Status:

## Section 2 – Equal Opportunity

What is your nationality?

What is your ethnicity origin?

What is your religion or belief?

What is your sexual orientation?

Do they have a disability?                    Yes     No

If yes, please describe:

**Section 3 – Disclaimers**

Do you smoke?                      Yes                       No                       Occasionally

Do you drink alcohol?              Yes                       No                       Occasionally

Are you currently in or have been in rehab for alcoholism?      Yes                       No

Do you use drugs?                      Yes                       No                       Occasionally

Are you currently in or have been in rehab for drugs?              Yes                       No

Do you have any criminal convictions?                                      Yes                       No

Please outline any convictions not considered spent under the Rehabilitation of Offenders Act

Date of Conviction	Offence	Length of Sentence

Are you on any medication?                      Yes                       No

Name of Medication	Dosage	Time Taken	Reason for Usage

Are you related to anyone currently serving on the Board of Trustees for Bethel Homeless Ministry which could cause a conflict of interest?                      Yes                       No

If yes, please state their name?

**Section 4 – Position You Are Applying For**

Trustee Positions	
Chair Trustee	
Vice Chair Trustee	
Treasury Trustee	
Trustee	

**Section 5 – Why do you want to become a trustee for Bethel Homeless Ministry?**

**Section 6 – What experience and skills can you offer Bethel Homeless Ministry’s charity that will support its’ growth and development?**

**Section 7 – Declaration**

To the best of my knowledge, the information within this form is true and accurate. I understand that if relevant information has not been disclosed or any information deemed false, Bethel Homeless Ministry reserves the right to discard my application form.

**Full Name:** \_\_\_\_\_

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