



APPLICATION TO JOIN SCARBOROUGH MATES

All applications to become a MATES Associate will be considered by the Trustees at a Trustee Meeting. The Trustees reserve the right to reject any application without the need to give a reason for making that decision.

Name

Address

..... Postcode.....

Tel. email.....

I agree to comply with the Constitution, The Induction Process, the Safe Working Practice Guidance and Health and Safety Policy, the Code of Conduct, the Complaints, Disciplinary and Appeals Process and Data Protection Policy that have been made available to me.

What would you like to get from joining Mates?

What have you done in your past working life?

Do you have skills that you would be prepared to share with other Members / Associates?

What hobbies do you have?

Do you experience health or wellbeing issues that you feel may be helped by Mates?

I confirm that my inoculations against Covid 19 are up to the standard required by government to keep myself and others safe / I have exemption from vaccination for medical reasons and I can show this by presenting written evidence. (Delete as required).

Signed.....



In the event of any emergency involving myself I would like you to contact the following people:

1. Name:
Relationship to myself:
(spouse/son/daughter etc/neighbour/friend)
Their contact telephone numbers:
Home:
Mobile:
Work:

2. Name:
Relationship to myself:
(spouse/son/daughter etc/neighbour/friend)
Their contact telephone numbers:
Home:
Mobile:
Work:

I would like you to know that I have the following medical conditions:
(This is in case you have an asthma inhaler/allergies/etc) Continue over page if necessary.

.....
.....
.....
.....
.....

I agree to support Scarborough MATES through £13 donation by monthly Standing Order.

If you are a tax payer, we would be grateful if you can complete our Gift Aid Declaration.

Signed:

Date: