



# Rossendale & Pendle MRT

## SUPPORT MEMBER APPLICATION FORM

### PERSONAL DETAILS

\* Membership of Rossendale & Pendle MRT is open to all persons between the ages of 18 and 70 deemed by the team to be suitable.

Name Age Male/Female

Address

Post Code

Telephone Home Work Mobile

Email

How and when would you prefer to be contacted?

### NEXT OF KIN

Name

Address (if different from above)

Post Code

Telephone

### ABOUT YOU

Do you know of any reason why the police would be reluctant to use your services?\*

Yes/No (Delete as appropriate)

If 'Yes' the team leader will consult with you in private to agree a course of action.

Doctor's name

Address

Please list any physical or mental disabilities.

Do you suffer from any medical conditions that the team doctor should be aware of?

Yes/No (Delete as appropriate)

If 'Yes' the Team Doctor will consult with you in private to agree a course of action.

\* Please note the team may wish to undertake a CRB check.

### PREVIOUS FUNDRAISING EXPERIENCE

Do you have any previous fundraising experience? Yes/No (Delete as appropriate)

If 'Yes', please give brief details.

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# INTERESTS & ABILITIES

What prompted your application?

What are your hobbies/interests?

How do you rate yourself working in a team with other people?

- Mix & work well       OK       Only if I have to       Don't like working with others

What are your particular areas of interest regarding the team's activities?

What would you bring to the team in terms of skills, commitment and ideas?

Is there any further information you wish to give to support your application?

*I understand that although this information is confidential, it will be made available to the police authorities on request.*

Signed

Date

*Please return your completed form to:*  
**THE SECRETARY  
ROSSENDALE & PENDLE MRT,  
46 CLEGG STREET, HASLINGDEN,  
ROSSENDALE, LANCASHIRE BB4 5LW**

## TEAM USE ONLY

Received for and on behalf of RPMRT by

Date

Acknowledgement sent by

Date

Interview arranged

Comments