

The Longcroft Christian Trust Junior Helper Form



Name of Group Organisation _____

Group _____

Full Name of Junior Helper _____ DOB _____

Address _____ Phone number _____

Thank you for agreeing to be a junior helper in _____ (name of group). We very much value and appreciate your willingness to serve God in this way. You will be expected to help _____ (leader) with _____ (please state tasks). Above all **help** the children to have **lots of fun** but not forgetting to have **fun yourself**.

Never be aggressive, angry or unfriendly towards the children. Try and have a happy smile and be gentle with them during games. Give praise for their achievements but help and encourage them with consideration when they find things difficult. Above all show them **God's love** through your caring actions.

You will be assigned a named leader (please state) _____ who will give you care, personal supervision and guidance. You can talk to them at any time on any topic, even if it's not related to _____ (name of group) and even outside _____ (name of group) time. Also feel free to contact them if you can't attend _____ (name of group).

During _____ (name of group) other leaders may ask you to assist them when children are separated into different groups: please take your supervision from them for that period.

Finally, avoid too much close physical contact, children may wish to cling to you or constantly sit on your lap or jump on you whilst rolling around on the floor. Instead just encourage them to take part in what has been organised for them. To support you in the great work you will be doing as a helper we will ensure that you are NEVER alone with the children. We will ensure that you will only be involved in activities where you are under direct supervision and eye contact of the leader.

I _____ commit regularly to attend and help at _____ (name of group) for the agreed period of time with the exception of sickness, school outings, exams and study leave.

Signed _____ Age _____ Date _____

Travel arrangements getting home: I have made travel arrangements after _____ (name of group) particularly during the dark evenings, and these are as follows:

Approved by: Parent/Carer (person with parental responsibility)

Sign: _____ please keep a copy and return the other.

Agreed period: _____ months. Expires _____

You can arrange to renew this commitment at this date.

Appointment approved by: _____ (name of leader of group/organisation)

Named Leader: _____ **Contact Number:** _____