

VOLUNTEER APPLICATION FORM

TITLE:

FIRST NAME:

SURNAME:

ADDRESS:

TOWN:

POSTCODE:

TEL:

MOBILE:

EMAIL ADDRESS:

D.O.B

AGP:

SFX: M A L F / F F M A L F

REFERENCE CONTACT DETAILS

NAME:

ADDRESS:

TEL:

RELATIONSHIP:

PLEASE TELL US IF YOU HAVE ANY MEDICAL HEALTH CONDITIONS OR DISABILITIES.

PERSONAL DETAILS WILL ONLY BE KEPT ON CONNECT 4 RECORD & REMAIN CONFIDENTAL

**TO WORK WITH CHILDREN AND YOUNG PEOPLE YOU WILL NEED A VALID CRB
PLEASE TELL US IF YOU HAVE ONE. YES/NO**

IF NO CONNECT 4 WILL BE HAPPY TO PAY AND ORGANISE THIS FOR YOU.

SIGNATURE

DATE

ADDITIONAL INFORMATION

PLEASE GIVE BRIEF DETAILS

QUALIFICATIONS

EXPERIENCE / INTEREST'S

CONNECT 4 WILL PROVIDE FREE TRAINING. PLEASE CIRCLE IF YOU ARE INTERESTED.

FIRST AID YES / NO

CHILD PROTECTION YES / NO - FOOD HYGIENE YES / NO

INTRODUCTION TO YOUTH WORK YES / NO

IF YOU WOULD LIKE TO HELP IN THE FOLLOWING PLEASE CIRCLE BELOW.

WORKING WITH CHILDREN 5-12 YEAR OLDS YES / NO

WORKING WITH YOUNG PEOPLE 13-19 YEAR OLDS YES / NO

GIRLS CHILLZONE 13-19 YEAR OLDS YES / NO

MOTOR PROJECT 13-19 YEAR OLDS YES / NO

COMMUNITY EVENTS YES / NO - SETTING UP & CLEARING AWAY YES / NO

PLEASE LET US KNOW IF YOU WOULD LIKE ANY HELP FILLING IN THIS FORM

Thank you for completing the volunteer application form.

Please return to: CONNECT 4 Children and Young People.

c/o 108 Wrights Lane, Prestwood, Bucks. HP16 0LG

OR BRING ALONG TO SESSION