

VOLUNTEER APPLICATION FORM

14 - 19 YEAR OLDS

TITLE: _____
FIRST NAME: _____
SURNAME: _____

ADDRESS: _____
TOWN: _____ POSTCODE: _____
TEL: _____ MOBILE: _____

EMAIL ADDRESS: _____

D.O.B _____ AGF: _____ SFX: MA1F / FFMA1F

REFERENCE CONTACT DETAILS

NAME: _____
ADDRESS: _____
TEL: _____
RELATIONSHIP: _____

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

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

OVER 16 YEARS OLD MUST HAVE A VALID CRB WORK WITH YOUNG PEOPLE.
PLEASE TELL US IF YOU ALREADY HAVE ONE. YES/NO

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

YOUNG PERSON SIGNATURE _____
DATE _____
SIGNATURE OF PARENT/GUARDIAN _____

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

WE ALSO WILL NEED YOU TO COMPLETE AND RETURN CONNECT 4 REGISTRATION FORM.
THANK YOU

Please bring your volunteer & registration form to session.