

# Carlisle Youth Zone

Victoria Place, Carlisle CA1 1LR - Telephone: 01228 516280 Email: info@carlisleyouthzone.org



## Volunteers Application Form

Thank you for your interest in Volunteering. All applications are welcome and will be considered on an individual basis. If you are unsure how to answer any of the questions, please leave blank or contact us for advice. Please complete in black ink and return to the Volunteer Services Manager at the address shown marked Private & Confidential.

PLEASE COMPLETE IN BLOCK CAPITALS

Tick or delete appropriate boxes

### PERSONAL DETAILS

**Full Name:**

Title Mr/Mrs/Miss/Ms \_\_\_\_\_ Forenames \_\_\_\_\_ Surname \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Tel Number: \_\_\_\_\_ Daytime Tel. No: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

Your Date of Birth \_\_\_\_\_

**AVAILABILITY** Please indicate the day(s) and approximate times you may be available to help and how often you could help us. (For example, most Monday mornings and all day Wednesdays and some Saturdays). If successful we will work out your volunteering hours to suit you, this section is just to give us some idea when you might be available.

Are you available to volunteer for more than 6 months?  YES  NO

### GENERAL

Do you have a current driving licence?  YES  NO if Yes, do you have access to transport?  YES  NO

### AREA OF INTEREST

Please tick the type of volunteering you would like to do, (you may tick as many as you wish). If you are unsure what you would like to do just leave this blank

- |   |   |   |  |
|---|---|---|--|
| Administration (gen) <input type="checkbox"/>       | Fundraising Events <input type="checkbox"/>           | General Supervision <input type="checkbox"/>            | Helping with outdoor sports <input type="checkbox"/> |
| Reception duties <input type="checkbox"/>           | Fundraising (Admin) <input type="checkbox"/>          | Helping with our Junior Club <input type="checkbox"/>   | Helping with indoor sports <input type="checkbox"/>  |
| Alcohol & Drug addiction <input type="checkbox"/>   | Maintaining collection boxes <input type="checkbox"/> | Helping with our Senior Club <input type="checkbox"/>   | Helping with Music Projects <input type="checkbox"/> |
| Rural Outreach Project <input type="checkbox"/>     | Community Fundraising <input type="checkbox"/>        | Helping at Residential events <input type="checkbox"/>  | Helping in our Fitness Room <input type="checkbox"/> |
| Sharing & Listening Skills <input type="checkbox"/> | Helping in the Kitchen <input type="checkbox"/>       | Helping with Arts & Crafts <input type="checkbox"/>     | Planning Events <input type="checkbox"/>             |
| Preparation for work <input type="checkbox"/>       |   | Helping in our Enterprise Zone <input type="checkbox"/> |  |

Other - please detail \_\_\_\_\_

If you have a particular interest or skill you would like to develop/use please tell us about it here.

\_\_\_\_\_  
\_\_\_\_\_

**Please Turn Over**

**SPECIAL NEEDS** If you have any special needs or requirements that you feel we should know about please tell us about these here (e.g. Diabetic, have a heart condition, Back Injury and cannot do any lifting, etc.)

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**SUPPORT NEEDS** Do you have any support needs or access requirements that we should be aware of?

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**PERSONAL SKILLS & EXPERIENCE** Please describe any skills you have that you think may be a benefit to the Youth Zone. e.g. Computer skills, great at DIY, used to work in a shop, etc. include any voluntary & paid work, general life experience, training & education

**WORKING WITH YOUNG PEOPLE** Please tell us about any experience you have working with young people

*This is not a requirement to being a volunteer with the Youth Zone.*

**ANY OTHER COMMENTS** Please use this space to add any other information about your application that you feel may be of interest to us.

## FOR VOLUNTEERS AGED UNDER 18 YEARS

If you are under 18 years of age please ask a parent or guardian to sign this box to give their permission for you to become a volunteer.

I, the undersigned, as parent/legal guardian of the person named overleaf, hereby give my consent to their application as a volunteer at Carlisle Youth Zone. I understand that this is done entirely at their own risk, and I hereby waive any and all claims (to the extent permitted by law) that may arise from whatever cause against Carlisle Youth Zone, its employees, volunteers or agents. I understand the nature of volunteering and will fully support their role as a volunteer with Carlisle Youth Zone.

Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

## CONNECTIONS

Do you know or have any connection with any Trustee, member of staff or volunteer at the Youth Zone?

YES	NO
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If yes, please name and relationship. \_\_\_\_\_

## PERSONAL REFERENCES

Please give details of two people, other than relatives, we can approach for references and are able to comment on your suitability as a volunteer:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## CRIMINAL CONVICTIONS

Volunteer positions with Carlisle Youth Zone are exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are not entitled to withhold information about convictions, which for other purposes are deemed 'spent' under the provisions of the 1974 Act. All information will be treated as strictly confidential.

I declare that I am NOT currently the subject of any police investigation and/or prosecution, in the United Kingdom, or any other country. I declare that I have not been convicted of any criminal offence required by law to be disclosed, received a police caution, or a criminal conviction in the United Kingdom or any other country. I declare that I am not currently the subject of any investigation by any body having regulatory functions in relation to health/social care professionals, including such regulatory body in another country.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**If you are unable to sign this declaration you must list any convictions, conditional discharges, bindovers on a separate sheet including the date, offence and Sentence details. This information will not automatically prohibit you from volunteering each case will be assessed on an individual basis.**

## DECLARATION

I hereby confirm that I wish to apply as a volunteer with Carlisle Youth Zone and confirm the information contained in this application is true and accurate. I further grant the charity permission to take up such references as they feel appropriate to my application and, if required, to carry out the police check required by law for me to work with 'vulnerable' people. I further give Carlisle Youth Zone permission to process the information provided in accordance with the Data Protection Act 1998.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return to:***

**Volunteer Services Manager,  
Carlisle Youth Zone  
Victoria Place  
Carlisle  
CA1 1LR**

**Telephone: 01228 516280  
[www.carlisle-youthzone.org](http://www.carlisle-youthzone.org)**

**FOR INTERNAL USE**

Date application received	
Initial Interview	
Date CRB initiated	
Type of Disclosure	Enhanced <input type="checkbox"/> Adult <input type="checkbox"/> Standard <input type="checkbox"/> Children <input type="checkbox"/>
Name Badge Ordered	
Department Allocated to	
Willing to help at events	Details

Reference Request 1	Out	Back
Reference Request 2	Out	Back
Date of Issue		
Disclosure Number		
Date started volunteering		
Days Available		
Misc		

General information
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