



# Young Leader Application Form

*Thank you for your interest in becoming a young leader, we will consider applications from anyone 14-18. Please complete this form and return via email or drop off at reception. Please do get in touch if you wish to discuss prior to completing a form.*

## Personal Information:

<b>Family name (block capitals)</b>		<b>Title:</b>	
<b>First name(s) (block capitals)</b>			
<b>Preferred name</b>			
<b>Address (including postcode)</b>			
<b>Phone (for us to contact you)</b>			
<b>Email</b>			
<b>Date of Birth</b>			
<b>Emergency contact name and telephone number (in case we need to contact anyone on your behalf)</b>			

## Areas of Interest:

## Availability:

<b>Junior Club</b>	<input type="checkbox"/>	<b>Admin</b>	<input type="checkbox"/>	<b>Let us know when you are available to volunteer (this may affect which areas you can volunteer in):</b>
<b>Senior Club</b>	<input type="checkbox"/>	<b>Fundraising</b>	<input type="checkbox"/>	
<b>Inclusion Club</b>	<input type="checkbox"/>	<b>Music</b>	<input type="checkbox"/>	
<b>Mentoring</b>	<input type="checkbox"/>	<b>Youth Work</b>	<input type="checkbox"/>	
<b>Catering</b>	<input type="checkbox"/>	<b>Arts and crafts</b>	<input type="checkbox"/>	

## More information about you (please continue onto a separate sheet if required)

**Please tell us about any work, volunteering, personal experience or skills that you have that are relevant to the role you are interested in:**

**What do you hope to gain from volunteering at the Youth Zone?**

**Why do you want to work with young people? If more relevant, why do you want to work with a charity working for young people?**

**Does this volunteering link with a course you are studying?**

**Is there anything we should know about you, any additional support you require or any medical conditions we should be aware of?**

**Do you have a criminal record? Yes  No**

If you answer Yes this will not necessarily prevent you from becoming a volunteer, please contact Anthony Clapperton on 01228 516280 to discuss this further.

For volunteers over 16 we will complete a Disclosure and Barring Service check – we will go through this process with you.

#### **Consent & Declaration**

**By ticking this box you authorise Carlisle Youth Zone to process your personal and sensitive personal data on this form, and any collected whilst you are an active volunteer. This will be held in line with the General Data Protection Regulations, the CYZ Privacy Policy and any other applicable data regulations.**

I confirm the information given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made.

**Signed:**

**Date:**

**Parent signature (if under 16):**

Please return this form to [Anthony.Clapperton@carlisle-youthzone.org](mailto:Anthony.Clapperton@carlisle-youthzone.org) , hand in at reception, or post to:  
*FAO: Anthony Clapperton, Carlisle Youth Zone, Victoria Place, Carlisle, CA1 1LR.*

Thank you for your interest!