*Thank you for interest in becoming a young leader, we will consider applications from anyone aged 14-17. If you are age 18 or over, you should instead complete our volunteer application form, available from our website.*

*Please complete this form and return via email or to reception either in person or by post.*

*Please get in touch if you wish to discuss anything prior to completing the form.*

# About You

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name** (block capitals): | Click or tap here to enter text. | **Title:** | Choose an item. |
| **First name** (block capitals): | Click or tap here to enter text. | | |
| **Preferred name:** | Click or tap here to enter text. | | |
| **Date of birth:** | Click or tap to enter a date. | **Age:** | Click or tap here to enter text. |
| **Address** (block capitals): | Click or tap here to enter text. | | |
| **Email address:** | Click or tap here to enter text. | | |
| **Telephone number:** | Click or tap here to enter text. | | |

# Emergency Contact Information

Please give details of someone we can contact on your behalf, should the need arise.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **Relationship:** | Click or tap here to enter text. |
| **Home tel:** | Click or tap here to enter text. | **Mobile tel:** | Click or tap here to enter text. |

# Volunteering Information

|  |
| --- |
| **Is there anything else we should know about you, any additional support required or any medical conditions we should be aware of?** |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| Areas of Interest | Availability |
| |  |  |  |  | | --- | --- | --- | --- | | Junior Club |  | Music |  | | Inclusion Club |  | Youth Work |  | | Catering |  | Arts and crafts |  | | Sport |  | Health and wellbeing |  | | *Please tick any times you would be available below*   |  |  |  |  | | --- | --- | --- | --- | |  | **AM** | **PM** | **Evening** | | **Monday** |  |  |  | | **Tuesday** |  |  |  | | **Wednesday** |  |  |  | | **Thursday** |  |  |  | | **Friday** |  |  |  | | **Saturday** |  |  |  | |

|  |
| --- |
| **Tell us a little bit about yourself, and some of your interests and hobbies** |
| Click or tap here to enter text. |

|  |
| --- |
| **Why do you want to volunteer at Carlisle Youth Zone?** |
| Click or tap here to enter text. |

|  |
| --- |
| **Do you have any previous experience working children?** |
| |  |  |  |  | | --- | --- | --- | --- | | **Yes** (please detail below) |  | **No** |  |   Click or tap here to enter text. |

|  |
| --- |
| **What skills and strengths do you have?** |
| Click or tap here to enter text. |

|  |
| --- |
| **What would you like to achieve through volunteering?** |
| Click or tap here to enter text. |

|  |
| --- |
| **Does volunteering link with a course you are studying?** |
| |  |  |  |  | | --- | --- | --- | --- | | **No** |  | **Yes** (Please detail below) |  |   Click or tap here to enter text. |

# References

Please provide 2 referees; you must have known them at least 12 months and they cannot be related to you.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| **Name:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Relationship:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. | Click or tap here to enter text. |

# Additional Information

|  |  |
| --- | --- |
| **Do you have a criminal record?** If you answer yes, it will not necessarily prevent you from becoming a young leader. Please contact us to discuss further. | Choose an item. |

**Please Note:** A Discourse and Barring Service (DBS) check is required for all young leaders aged 16 or over – we will go through this process with you.

# Consent & Declaration

By signing this form, you authorise Carlisle Youth Zone to process your personal and sensitive personal data included on this form, and any collected whilst you are an active volunteer.

This data 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 on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made.

X   / /

Applicant (age 16+) Print Name Dated

Parent / Carer (if under age 16)

Thank you for your interest.

Please return this completed form to ***victoria.aspinall@carlisleyouthzone.org*** or to reception, either in person or by post to ***Carlisle Youth Zone, Victoria Place, Carlisle, CA1 1LR*** for the attention of Victoria Aspinall.

**OFFICE USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Date Received*** |  | ***Status*** | ***Sf Uf*** | ***Notes:*** |  |