

Young Leader Application Form



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):		Title:	
First name (block capitals):			
Preferred name:			
Date of birth:		Age:	
Address (block capitals):	Line 1 Line 2 City Postcode	County	
Email address:			
Telephone number:			

Emergency Contact Information

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

Name:		Relationship:	
Home tel:		Mobile tel:	

Volunteering Information

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

Areas of Interest

Junior Club	<input type="checkbox"/>	Music	<input type="checkbox"/>
Inclusion Club	<input type="checkbox"/>	Youth Work	<input type="checkbox"/>
Catering	<input type="checkbox"/>	Arts and crafts	<input type="checkbox"/>
Sport	<input type="checkbox"/>	Health and wellbeing	<input type="checkbox"/>

Availability

Please tick any times you would be available below

	AM	PM	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Tell us a little bit about yourself, and some of your interests and hobbies

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Why do you want to volunteer at Carlisle Youth Zone?

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Do you have any previous experience working children?

Yes (please detail below)	No	

What skills and strengths do you have?

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What would you like to achieve through volunteering?

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Does volunteering link with a course you are studying?

No	Yes (Please detail below)	

