# 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		Music	
Inclusion Club		Youth Work	
Catering		Arts and crafts	
Sport		Health and wellbeing	

### Availability

Please tick any times you would be available below

	AM	PM	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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

Why do you want to volunteer at Carlisle Youth Zone?

 Yes (please detail below)
 No

What skills and strengths do you have?

What would you like to achieve through volunteering?

Does volunteering link with a course you are studying?		
No	Yes (Please detail below)	

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## 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:		
Relationship:		
Phone:		
Email:		

### Additional Information

Do you have a criminal record? If you answer yes, it will not necessarily prevent you from becoming a<br/>young leader. Please contact us to discuss furtherNoYes

**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.



Applicant (age 16+) Parent / Carer (if under age 16) Print Name

Dated

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:	
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