

# CLAPHAM YOUTH CENTRE VOLUNTEER APPLICATION FORM

61 Lyham Road, London, SW2 5DH

Tel: 020 7274 3011

Email: info@claphamyouthcentre.org.uk

Office Use

CRB/No.:

Section:

Start Date:

## Personal Details:

First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male/Female

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

Postcode \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Please supply emergency contact phone number(s): \_\_\_\_\_

Do you have any additional support needs? If so please give details: \_\_\_\_\_

## Education:

Please give details of any qualification or training, including dates, which is relevant to youth work: \_\_\_\_\_

Please state any youth work experience you have: \_\_\_\_\_

## Employment:

If you are employed, please give details of your current post.

If you are studying, please give your college details and course title.

From	To	Name of Organisation	Job title

## Safer Recruitment:

In accordance with Clapham Youth Centre's commitment to safer recruitment of volunteers who will work with children and vulnerable adults please advise if you:

Have a recent CRB check and the date? YES/NO Date of CRB: \_\_\_\_\_

Are you willing for us to undertake this? YES/NO Disclosure Number: \_\_\_\_\_

Working with young people is exempt from the Rehabilitation of Offenders Act 1974, therefore, please answer the following questions:

Do you or have you ever had a criminal conviction? YES/NO

Details: \_\_\_\_\_

Do you have any 'spent' or 'unspent' convictions? YES/NO

Details: \_\_\_\_\_

How did you hear about Clapham Youth Centre?

\_\_\_\_\_

Do you need a work permit or need to be registered with the Home Office to be employed in the UK? YES/NO

Do you suffer from any physical or mental disability or other health condition? YES/NO

If Yes, please give details \_\_\_\_\_

Please state briefly why you wish to volunteer and what interests you about the role:

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

Where did you hear about volunteering with CYC? \_\_\_\_\_

When are you available to volunteer (include days/times)? \_\_\_\_\_

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

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**References:**

Please give the names of two people e.g. tutor, employer, work colleague (not family members) who have known you for at least one year and who can vouch for your suitability to work with young people.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Please note that references will be taken up immediately unless you request otherwise. Any offer of a placement will be subject to satisfactory references being received prior to commencement.

I declare that the information on this form is correct to the best of my knowledge.

Signed \_\_\_\_\_

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

Thank you for completing this form.