Volunteer Application Form

(Voluntary)

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| Name of Voluntary club /Summer project you wish to volunteer with: |
| Name: |
| Address: |
| Contact No. Mobile:  |
| Are you over 18 years old?  |
| Please outline why you wish to volunteer with Crosscare |
| Please give details of youth work/training/any other experience or involvement in youth activities/clubs, etc. |
| Do you suffer from any illness/disability or medical condition which would affect your ability to work with young people? If so please give details: |
| Have you completed child protection training: YES\_\_\_ NO\_\_\_\_ |
| Signed: Date: |
|  |
| For office use only: |
| Checked by: Phone Visit Letter Date checked: |
| Signed by Approved Crosscare Staff Member: |
| Notes: |