

# VOLUNTEER APPLICATION FORM

Part A - To be completed by the Youth Genesis Trust (Ltd)		
Date Received:	Lead Worker:	Interview Date:

Part B - To be completed by applicant, please complete all sections			
Contact and Personal Details			
Title:	First Name:	Surname:	
Address:		DOB:	
		Home Tel:	
		Work Tel:	
		Mobile Tel:	
Postcode:		Email:	
What is the most convenient time to contact you?			
What is your preferred method of contacting you?			
Next of Kin and Emergency contact telephone number:			
Do you have any medical conditions which we need to be aware of for your own safety i.e. Asthma, Diabetes? If yes then please provide detailed information:			
Do you drive? Yes / No			
If yes, do you have a car you would be willing to use whilst volunteering? Yes / No			

Please explain why you would like to volunteer for Youth Genesis

Please give details of any relevant skills, experience or strengths you have					

Please tick which areas you would like to work in (you can tick more than one)					
The Place Youth Drop-In (Brixham)	<input type="checkbox"/>	Headspace Cafe (Paignton)	<input type="checkbox"/>	Decks Youth Centre (Dartmouth)	<input type="checkbox"/>
Streetbase (Brixham)	<input type="checkbox"/>	Shiphay Youth Drop In (Torquay)	<input type="checkbox"/>	The Point (Dartmouth)	<input type="checkbox"/>
Youth Space (Cranbrook)	<input type="checkbox"/>	Streetbase (Blatchcombe, Paignton)	<input type="checkbox"/>	Streetbase (Dartmouth)	<input type="checkbox"/>
Chillington Youth Drop In	<input type="checkbox"/>	Youth Leisure Nights (Dartmouth or Totnes)	<input type="checkbox"/>	Streetbase (Hele, Torquay)	<input type="checkbox"/>

Please tick which activities you would like to participate in (you can tick more than one area)					
Poster Design	<input type="checkbox"/>	Mentoring/Befriending	<input type="checkbox"/>	Cooking	<input type="checkbox"/>
Leading/assisting sessions	<input type="checkbox"/>	Events	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Trips/Residential	<input type="checkbox"/>	Sports	<input type="checkbox"/>	OTHER ( <i>*please specify below</i> )	<input type="checkbox"/>

Please enter any specific activity skills you may be able to offer					

<b>Criminal Record Information – non disclosure of an offence will by default invalidate your application</b>	
Youth Genesis is legally required to undertake a Disclosure and Barring Service (DBS) check for volunteers, and that you will be asked to declare any spent or unspent convictions. Please tick the box below agreeing to this.	
Please let us know below of any previous convictions, even if they are 'spent'. Previous convictions will not necessarily stop you becoming a volunteer but you will be subject to a risk assessment. However, if you do not disclose any previous convictions, we will be unable to offer you a volunteer position.	
I agree that an enhanced DBS disclosure can be applied for	<input type="checkbox"/>
I do not have a criminal record	<input type="checkbox"/>
I do have a criminal record	<input type="checkbox"/>
And the details are:	

<b>References</b>		
Please supply the details of two referees, these can be either employers (past / present), a college / university tutor or church leader		
<b>Referee one</b>		
Title:	First Name:	Surname:
Address:	Home Tel:	
	Work Tel:	
	Mobile Tel:	
Postcode:	Email:	
<b>Referee Two</b>		
Title:	First Name:	Surname:
Address:	Home Tel:	
	Work Tel:	
	Mobile Tel:	
Postcode:	Email:	

### General Data Protection Regulation (May 2018)

In order to comply with the General Data Protection Regulation (May 2018), YOUTH GENESIS must obtain consent to hold and use personal information about individuals that could be considered **sensitive**. We need to obtain your consent on how we contact you, and how this is stored so if you are still happy that Youth Genesis stays in contact please sign to the statement below.

***I give permission for Youth Genesis Trust Ltd to contact me, as a Volunteer of Youth Genesis, with information relating to the activities of that organisation by email, text, social media and by telephone, and understand that my personal details will be held for the sole purpose of the Trust.***

**I understand that this information will be used only for the purpose set out in the statement above, and my consent is conditional upon the YOUTH GENESIS TRUST (Ltd) complying with the obligation and duties under the General Data Protection Regulation (May 2018).**

Signed:

Date:

Print Name:

### Declaration

The above information supplied by me is true to the best of my knowledge. I agree that my details may be passed to the relevant project leader.

Volunteer Applicant Signature:

Date:

Guardians Signature if applicant is under 18:

Date:

Thank you for taking the time to fill in the Volunteer Application form.

Please post your application form to:

**Michelle Taylor, YOUTH GENESIS TRUST (Ltd), Palace Avenue Business Centre, 4 Palace Avenue,  
Paignton, Devon, TQ3 3HA**

Or email: [michelle@youthgenesis.org.uk](mailto:michelle@youthgenesis.org.uk)