



Wakefield Youth Work Team

YOUTH MENTOR VOLUNTEER APPLICATION FORM

CONFIDENTIAL

We are happy to accept handwritten applications via post to Youth Work Team, Crofton Young People's Centre, High Street, Wakefield, WF4 1NF or electronically to email: youthwork@wakefield.gov.uk

| | |
|---------------------------------|-------------------|
| Miss, Ms, Mrs, Mr, Other | |
| Name: | |
| D.O.B: | Age: |
| Address: | |
| | |
| Home Phone No: | Mobile No: |
| Email: | |

***How can we best get hold of you?** Home Phone / Mobile Phone / Email / Text
(please delete as appropriate)

In the space below please tell us why you are interested in volunteering with the Youth Work Team.

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In the space below please tell us about any work experience you have in either a paid or voluntary capacity. What skills have you developed in these roles?

Please tell us more about yourself; what you are currently doing with your time and how volunteering with the Youth Work Team would complement that?

What days/hours of the week are you able to volunteer/support a young person?

Do you have any special requirements that would need to be taken into consideration?

REFERENCES

Please give details of two people who can provide references for you. These should not be members of your family. Where possible please provide details of people who can comment on your skills, attitude, and character.

| Referee One | Referee Two |
|-----------------------------|-----------------------------|
| Name: | Name: |
| Address: | Address: |
| | |
| | |
| | |
| Phone: | Phone: |
| Email: | Email: |
| Relationship to you: | Relationship to you: |

Please note: Wakefield Youth Work Team works with children and young people. This means that we are required to carry out a Disclosure and Barring Service (DBS) check and a Social Services Records check for all staff and volunteers. Convictions or cautions will not necessarily prevent you from volunteering with us; each case will be assessed on its own merits.

I declare that the information given in this form is correct and true, to the best of my knowledge.

Signed.....

Date.....

Equal Opportunities Monitoring

The Youth Work Team is committed to an Equal Opportunities Policy and welcomes applications from all groups in the wider community.

In order to help us do this we would be grateful if you would answer the questions below. These details will be used solely for this purpose and will remain confidential.

Are you

Male Female

Do you consider yourself disabled?

Yes No

Are you registered disabled?

Yes No

Do you have any criminal convictions?

Yes No

How would you describe your ethnic background?

British

Caribbean

African

Indian

Pakistani

Chinese

Do not wish to say

Other (please specify)

How would you describe your racial background?

Black

White

Do not wish to say

Other (please specify)

How would you describe your present status?

Full time employed

Part time employed

Unregistered unemployed

Registered unemployed

House person

Early retired

Retired

Student

Self-employed

Other (please specify)

How old are you?

Under 18

18-25

26-35

36-45

46-55

56-65

65 and over