



Volunteer Application Form

It is essential that this form is fully completed, signed and returned to AYA before your application to volunteer with AYA can be considered. Any information you give will be treated as confidential.

Please mark as CONFIDENTIAL and Return to:

Memberships
Aylesbury Youth Action
Queens Park Arts Centre
Queens Park
Aylesbury
Bucks HP21 7RT

Office: 01296 421149

Email: volunteer@aylesburyyouthaction.co.uk

About You

Photo ID: Please provide a passport sized photo of yourself for our record purposes, which will be held confidentially and used to create an ID Card should your project require it.

First Name(s): Surname: Male/Female

Place of Education: Date of Birth: (You must be aged 14-24)

Address:

.....

Postcode: Email:

Tel: Mobile:

How do you prefer to be contacted: (please tick all that apply)

Email Mobile Post Facebook via Parent/Guardian via School

Essential Information

You must complete this section and the next Emergency Contact section of this form in ALL cases. Please note that you may be asked to complete an additional form.

1) Do you have a disability, condition or particular circumstances that may affect you which we need to be aware of?
Yes / No (If yes, please tick all that apply and give details)

- Hearing Sight Physical/Mobility Asthma Allergy
 Mental health Speech Learning Disability
 Other

Please give details of your condition and how this affects you.

.....

2) Will you need to take any medication during the course of a project? Yes / No (If yes, please give details)

.....

3) Are there any other agencies that you are part of for your personal/social development that we should know about to create a better and more holistic volunteering experience ie mental health group, behavioural unit, special needs clinic, young carers etc? Yes / No (If yes, please give details)

.....

Emergency Contact Details

In case of an emergency, whom should we contact? (e.g. a parent or neighbour)

Name: Relationship to you:

Telephone: Email:

Address:

..... Postcode:

Name, address and phone number of doctor's surgery:

.....

Are you allergic to any medication? Yes/No (If yes, please give details)

.....

About Your Volunteering

- 1) Have you done any volunteering before? Yes / No (If Yes, please give details)
- 2) Which of the following areas of volunteering would interest you? (Please tick all that apply)

<input type="checkbox"/> Media/IT (including websites) <input type="checkbox"/> Art <input type="checkbox"/> Sports <input type="checkbox"/> Culture/Heritage <input type="checkbox"/> Drama/Film <input type="checkbox"/> Justice/Human Rights <input type="checkbox"/> Journalism	<input type="checkbox"/> Music/Dance <input type="checkbox"/> Campaigning on issues <input type="checkbox"/> Conservation/Environmental <input type="checkbox"/> Work with children <input type="checkbox"/> Work with people with disabilities <input type="checkbox"/> Work with the elderly <input type="checkbox"/> Work with Young People
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- 3) Are there any areas or skills that you need for your future career:
- 4) Is there a particular project that you would like to sign up for? Yes / No
.....
- 5) When would you like to volunteer? (Please tick any that apply)

	Term Time							School Holidays						
	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning														
Afternoon														
After School														
Evening														

- 6) How often would you like to volunteer? (Please tick any that apply)

<input type="checkbox"/> Weekly/Fortnightly in term time	<input type="checkbox"/> Once a month	<input type="checkbox"/> During the school holidays	<input type="checkbox"/> Occasionally
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- 7) Would you be interested in supporting another volunteer who has additional needs; for example, because they have a physical or learning disability? Yes / No (If Yes, please give details)
.....
- 8) Do you have an idea for a new project or would you like to be involved in designing a new project? Yes / No (If yes please give details and we will invite you to one of the focus groups that plans new projects)
.....
- 9) Would you like your voluntary hours to contribute to any of the following schemes? Yes / No
For more information, please ask a member of staff or check our website. Please note that a payment is due for all accredited schemes.

<input type="checkbox"/> Time Credits	<input type="checkbox"/> vInspired	<input type="checkbox"/> Duke of Edinburgh	<input type="checkbox"/> Other (Please state)
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Declaration

I give my consent to take part in volunteering opportunities organised through Aylesbury Youth Action and confirm the following: (Please tick as appropriate for each of the consent points).

- INDEPENDENCE:** Can you arrive and leave on your own; wherever the particular AYA activity takes place or at a designated meeting point?
 Yes
 No
- PROPERTY:** Anything I create during your volunteering is the property of Aylesbury Youth Action.
 Agree
 Do Not Agree
- POLICE RECORD:** Do you have a police record?*
- * Under the Rehabilitation of Offenders Act 1974 if you have substantial access to people under 18, you must declare convictions even if they are spent. Having a criminal record will NOT automatically restrict you from volunteering.
- Yes
 No

- PHOTO CONSENT:** Do you agree to your photo being taken, any audio or video recording being taken and used in projects and/or promotional activities for Aylesbury Youth Action?
 Agree
 Do Not Agree
- DBS CHECKS:** Do you agree to any necessary DBS procedures being undertaken by Aylesbury Youth Action?
 Agree
 Do Not Agree
- AYA DECLARATION:** I accept that if any of the questions above have not been comprehensively completed any approval for me to volunteer with AYA may be subsequently revoked.
 Agree
 Do Not Agree

Volunteer Signature: **Date:**

Parent/Guardian Consent must be obtained if you are under 16

Parent/Guardian Signature:

Monitoring

We ask all volunteers to complete an equal opportunities monitoring form to provide us with information about who is volunteering so that we can ensure activities are open and accessible to as diverse a group of young people as possible. This information will be included in our statistical analysis, no names will be included.



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HP21 7RT

Office: 01296 421149
Email: volunteer@aylesburyyouthaction.co.uk

Charity Number: 1165882

The following questions are optional and the information is used for monitoring purposes only. This information will be treated in the strictest confidence and will not have any impact on the volunteering opportunities open to you.

1) How did you hear about us?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Leaflet drop | <input type="checkbox"/> Friends and family /
Word of mouth | <input type="checkbox"/> Website Search | <input type="checkbox"/> Social Media (ie FB/Twitter) |
| <input type="checkbox"/> Presentation at
school | <input type="checkbox"/> Presentation at
Youth Group | <input type="checkbox"/> Referral /
Recommendation | <input type="checkbox"/> Other |

(Please ask for our Referral form if you have been referred from another organisation ie Connexions, Youth Concern, YOS or Social Care)

2) Which ethnic group do you feel you belong to? (Please tick any that apply)

- | | | | | | |
|--|--|--|---|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black British | <input type="checkbox"/> Asian British | <input type="checkbox"/> Oriental British | <input type="checkbox"/> Dual Heritage | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> White Other | <input type="checkbox"/> Black Other | <input type="checkbox"/> Asian Other | <input type="checkbox"/> Oriental Other | <input type="checkbox"/> Other | |

3) What is your employment/training status at this time? (Please tick all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> At school | <input type="checkbox"/> In Training / Apprenticeship | <input type="checkbox"/> Employed |
| <input type="checkbox"/> Home schooled | <input type="checkbox"/> NEET - Not in Employment,
Education or Training | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> In 6 th Form, College or
Further Education | <input type="checkbox"/> Other | |

Thank you for completing this form

T-Shirt Order Form

Please complete this section if you would like to purchase a T-Shirt or your project requires you to wear one as a uniform is needed for safeguarding purposes.

- If you do not buy a T-Shirt, but you are required to wear one on your project, a spare T-shirt will be provided during the session and must be returned at the end of the session.
- If anything prohibits you from wearing a t shirt please let your Project Worker know.

Size: Small (35-37 in) Quantity:

Medium (38-40 in)

Large (41-43 in)

X Large (44-66 in)

Volunteer Signature:

Date:

Character Reference

Please ask a responsible adult who is not a relative to complete and sign this Character Reference. E.g. Teacher, Employer, Youth Worker

If you need to leave this page with your referee, please hand in your completed Application Form, then inform your project worker that your Character Reference will be sent separately.



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Dear Referee,

It is very important that all of our volunteers obtain a Character Reference when joining Aylesbury Youth Action. Please complete the following details as fully as you can and return to the above address.

Many thanks

The Aylesbury Youth Action Team

Name of Young Person:

Please give a brief assessment of the named individual, containing any relevant information that you would like to add about them.

.....
.....
.....
.....

Declaration: To the best of my knowledge I do not know of any reason why this young person should not work on projects in the community that involve children or vulnerable adults.

Referee name:

Profession and relationship to applicant:

How long have you known applicant?

Contact number:

Signature: *Date:*