|  |  |
| --- | --- |
| Volunteer Application | C:\Users\user\Desktop\Logos\logo[2] - Copy - Copy.gif |

## *“Supporting children, young people and their families through bereavement, loss and separation.”*

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Date of Birth |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

## Interests

### Tell us in which areas you are interested in volunteering

|  |  |
| --- | --- |
| Administration | Counselling |
| Events | Education/Training |
| Youth Health Café | Newsletter production |
| Fundraising | Volunteer coordination |

## Equal Opportunities Do you consider yourself to have a disability? If yes please give details and details of any adaptions we need to make to accommodate you.

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience. Please tell us who and how long you volunteered for?

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Address |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Person give the names of 2 referees (not relatives) we can contact for a reference

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Street Address |  |  |
| Address |  |  |
| Home Phone |  |  |
| Work Phone |  |  |
| E-Mail Address |  |  |
| How do you know this person |  |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of Youthlife to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Our recruitment process for volunteers working with children/young people involves undertaking a record check via ACCESS NI and we need your consent to do this.  
Do we have your consent (please circle): **YES NO**

### Thank you for completing this application form and for your interest in volunteering with us.

Youthlife | 23 Bishop Street | Derry | BT48 6PR  
[info@youthlife.org](mailto:info@youthlife.org) | [www.youthlife.org](http://www.youthlife.org)