

CRB ALERT!!!

You will need a CRB check to take part in this project
Thank you!



Volunteer Application Form



Please attach or email a passport photograph of yourself for your ID card

For any queries please contact Maria O’Keeffe in the YUSU Studio

This placement will be subject to a CRB disclosure process. All applicants will be expected to attend a short interview

You’re Details

Full Name..... Date of Birth.....
Gender..... Nationality.....
Term Time Address.....
.....
Mobile..... E-mail.....@york.ac.uk
UG or PG..... Study Year
University Course.....

Where will you be out of term time?

Home Address.....
.....
Telephone..... E-mail.....

Emergency Contact Details

Name..... Relationship.....
Home Telephone..... Email.....
Mobile No.....



Are You:

First Aid trained?	Yes/No	Test Date
YUSU Registered Minibus Driver?	Yes/No	Test Date
Food Hygiene Qualified?	Yes /No	Test Date
Have you attended YUSU Volunteering Kids Camp before?	Yes/No	Date
CRB No		Issue Date

Relevant Skills and Experience

- Experience in working with children:

- List three adjectives that best describe you and explain why:

1

2

3

Camp Activities

List three arts and crafts you could do on a limited budget?

1

2

3

How would you prepare yourself for KIDS CAMP?

What first attracted you to Kids camp?

Give ideas you might have for games that would be suitable for 8-11 year olds?

Scenarios

Scenario One: A child or children are refusing to listen to you. How would you deal with this situation?

Scenario Two: children are squabbling between themselves. How would you deal with this situation?

References

Please provide contact details of two references, employee, tutor or professional .This person must **not** be a relative or University friend/housemate

Full Name

Email Address

Telephone Number

Relationship to You

References

Please provide contact details of two references, employee, tutor or professional .This person must **not** be a relative or University friend/housemate

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Health

Do you have any medical disorders? (E.g. Epilepsy, Asthma) Please give details of any medication you taking. You **MUST** state any conditions (this is highly unlikely to affect you ability to volunteer on Kids’ Camp)

Are you up to date with your tetanus jab? Yes/No

Do you have any allergies? Yes/No.....

Do you have any special dietary requirements? Yes/No.....

Are you a vegetarian/vegan? Yes/ No.....

Do you have any other specific dietary requirements? Yes/No.....

Your Doctor’s name, address and telephone number:

University of York Campus Surgery Tel; 433290

If other please state.....

For Our Information

I, the undersigned, hereby give my consent for my details to be held on record by YUSU Volunteering and shared with other volunteers on my project should my application be successful. YUSU Volunteering likes to use photographs from each year's projects for future publicity. I give consent for my image to be used by YUSU Volunteering for publicity purposes.

Return this form to the YUSU Studio and check for closing dates at www.yusu.org/volunteering

Name (print)Signed Date

Continue for Equal opportunities form

YUSU VOLUNTEERING EQUAL OPPORTUNITIES MONITORING FORM

YUSU is committed to Equal Opportunities, which aims to ensure that no volunteer or prospective volunteer is treated less favourably than any other. For our policies and procedures to be effective, detailed monitoring is required.

Your assistance would be appreciated in providing information, which will be treated in the strictest confidence and will be used simply to prove a statistical profile of our equal opportunities monitoring process. The information provided will only be made available to those persons involved in the equal opportunities monitoring process and you can choose not to answer some or all of this form as you wish.

Full Name

Ethnic Origin

A. White

- Scottish
- English
- Welsh
- Irish
- Any other White Background Please Specify

B. Mixed

- Any Mixed Background

.....
C. Asian

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian Background Please Specify

D. Black,

- Caribbean
- African
- Any other Black Background Please Specify

.....
E. Any other (please describe)

.....

Gender

- Male
- Female

Health

What is your general state of health?

Good Other

Disability

Section 1 of the Disability Discrimination Act defines a person as having a disability if she or he has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? Yes No

Please Specify
