

**CRB ALERT!!!**

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



Volunteer Application Form Easter 2010



Please attach a passport photograph with your name on the back

**Dates are April 6,7,8,9 2010**

Closing date for applications	Friday week 6
You will be contacted by	Tuesday week 7
Interviews will be held on	Wednesday & Thursday week 7 (all day)
Final Selection & Notification of place by	Monday week 8

**For any queries contact Maria O’Keeffe the Student Development Facilitator  
Interviews will be held at YUSU office for those students who have not attended Kid’s Camp before.**

**All volunteers will be required to be checked by the Criminal Records Bureau check (unless they have already got one less than 3 months old), will have to provide two references, and if necessary attend a short informal interview.**

Full Name..... Date of Birth.....  
 Gender.....Nationality.....  
 Term Time Address.....  
 Telephone..... E-mail.....  
 Mobile.....  
 Home Address.....  
 Telephone..... E-mail.....  
 University..... Course.....  
 Year of Study..... UG or PG .....

**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 Student Action 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?

**Referee**

Please provide contact details of a referee, this person must **not** be a relative.

Full Name

Email Address

Telephone Number

Relationship to You

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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 Kid's 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.....

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Your Doctor's name, address and telephone number:

**University of York Campus Surgery Tel 433290**

If other please state.....

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**Emergency Contact**

Full Name.....

Day-time Telephone No..... Evening Telephone No.....

Mobile No..... E-mail.....

Full Address .....

Relationship to You.....

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**For Our Information**

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

Name (print) ..... Signed ..... Date .....

**STUDENT ACTION EQUAL OPPORTUNITIES MONITORING FORM**

STUDENT ACTION 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**

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**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

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

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**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