



Registered Charity 1113791, Liss Youth Centre Ltd

Supporting young people aged 9-19 in the Liss community and surrounding areas

Our volunteers are highly valued and we would not exist without you!

CROSSOVER VOLUNTEER APPLICATION FORM

Please complete & return to:
The Manager, Crossover Youth Centre, St. Mary's Church Hall, Station Road, Liss, GU33 7AQ or e-mail to
Georgie@CrossoverLiss.org.uk

PERSONAL DETAILS

Full Name (please PRINT) _____ Date of Birth _____

Address _____

Postcode _____ Daytime phone _____ Evening phone _____

Mobile _____ E-mail _____

Thank you for volunteering to help at Crossover. For your safety and the safety of the young people you will be working with, you will be required to have a DBS (formerly CRB) check. Any information given will be treated in confidence and only used if necessary. Inadequate information could put lives at risk.

VOLUNTEER ROLES

Please indicate in the table below when and how you could help.

Examples of how you could help as part of the team are: Working directly with young people; Working behind the bar making drinks and snacks; Sharing any skills with young people which you may have e.g. craft, music; Cleaning the premises; Fundraising.

Frequency: **W**: weekly **F**: fortnightly **M**: monthly **O**: occasional

Day/Time of Session & Age Group	Frequency of Availability	How can you help as part of the Crossover team?
Mondays 6.30-8.30pm, School Years 8-11		
Tuesdays 3.45-5.45pm, School Years 5-7		
Wednesdays 3:45-5:45pm, School Years 7 & 8		
Wednesdays 6.30-8.30pm, School Years 9-11+		
Thursdays 3.45-5.45pm, School Years 5-7		
Outreach work (engaging with young people out in the village/community. Flexible days/times)		
Any day/time (outside of session times) to clean Crossover, help with fundraising, or any other way you can help		

Please tell us something about yourself:

Any special interests, skills, qualifications and experiences that have led you to want to work with young people at Crossover?

Medical details

Doctor's name _____ Surgery Tel: _____

Doctor's address _____

Are there any medical conditions that you should make us aware of? _____

Are you taking regular medication? _____

Have you been immunised against tetanus in the last ten years? **YES/NO**

Please give two references: one person who has known you well for at least three years who we could approach (they must not be a family member) and the other must be your most recent employer

Name _____ Name _____

Address _____ Address _____

Tel _____

Tel _____

E mail _____

E mail _____

Emergency contacts for when you may be working:

Name _____ Tel _____

Declaration

Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges?

YES/NO - If yes, what was the nature and date of the offence?

All convictions must be disclosed, as the provisions of the Rehabilitation of Offenders Act 1974 does not apply. (The disclosure of an offence may not bar you from working with this project)

I am happy to accept the policies and principles under which Crossover is run, and agree to abide by them, and by the decisions of those to whom authority is given.

I declare that the information I have given is, to the best of my knowledge or belief, true and complete.

Applicant's Signature _____ **Date** _____