



Youth Registration Form – to be completed by you

Name:	Date of Birth:	Age:
Address:	Contact number:	
	Mobile:	
	Email:	
	Social media:	
	Preferred method of contact:	

Your areas of interest, experience and current skills

Location

Are you restricted to opportunities within walking distance? **YES/NO**

Are you happy to use public transport if necessary? **YES/NO**

Could you arrange lifts to support your volunteer placement if necessary? **YES/NO**

Do you hold a driving licence? **YES/NO**

Additional Support

Do you have any medical needs, disabilities or any special educational needs that may require additional support? **YES/NO**

If YES, please give details:





When are you available?

Which days of the week?	
After School?	
on INSET Days?	
At weekends?	
During school holidays?	
Is there any flexibility with your availability? YES/NO	

I consent to a DBS check if required to be carried out by the organisation I volunteer with (if aged 16+): **YES/NO**

Signature of young person:	Date:
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Parental consent – to be completed by your parent

I consent to the child in my care completing voluntary work and can support them where required: **YES/NO**

I consent to the Uckfield Volunteer Centre sharing mine and my child's personal data on this form to organisations who may be interested in offering them a volunteering role: **YES/NO**

Date:	Name:
Address:	Contact number:
	Mobile:
	Email:
Emergency Contact Details: 1 2	
Signature of Parent/guardian:	Date:

