



You Can Community Club
The Beacon Centre
London Street
Salford
M6 6QT

Tel: 0161 603 6830
E-mail: info@youcan.me.uk

Reg. Charity No: 1155093

Volunteer Application

Mr./Mrs./Miss/Ms. (please circle one)

Last Name: _____

First Name: _____

Address: _____

_____ Post Code: _____

National Insurance Num _____

Phone Numbers:

Home: _____

Work: _____

Email: _____

Fax: _____

Emergency contacts: _____

Date of Birth: _____ / _____ / _____

Photograph consent: There may be opportunities for yourself to be filmed/ photographed to use in newspapers, promotional video's etc.

If you do not wish to be photographed or filmed please tick this box

If you do not wish your child to be photographed or filmed please tick this box

Please provide information on medical problems or any current medication being taken.

Please Tell Us About Yourself

Please describe any relevant present/previous employment, and/or community or volunteer involvement: _____

Please describe any skills, training, education and/or interests that you have that would be relevant to volunteering with us:

Have you completed any of the following course?

	Yes / No	Date Completed
Safeguarding		
Disability Awareness		
First Aid		

How did you hear about YOU CAN Community Club?

Please use this space to tell us anything else about yourself that you feel is relevant to volunteering with us (i.e. experience with children, special needs individuals, specific goals related to volunteering): _____

