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| Medway Youth Offending Team Volunteer Application Form  **Personal Details:** | | |
| **Surname:** |  | |
| **Forename(s)** |  | |
| **Other names you are knows as:** |  | |
| **Title: Mr, Mrs, Miss etc:** |  | |
| **Permanent Address:** |  | How long have you lived at this address: |
| If lived there less than 5 years previous address: |  | |
| Date of Birth: |  | |
| Telephone daytime: |  | |
| Telephone evening: |  | |
| Email address: |  | |
| Current employment:  *Current occupation (paid or unpaid) and all previous occupations over the past ten years* | | |

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| **Additional Information:** |
| **Why do you want to become a Volunteer at Medway Youth Offending Team?** |
| Give details of your experience of working/supporting children and young people (please include those of your own family)? |
| **Do you have any relevant skills or experience of volunteering?** |
| CRIMINAL CONVICTIONS: Please give details of any criminal convictions or cautions/ reprimands/ warnings which you have had and any appearance pending (this is an excepted question under the Rehabilitation of Offenders Act 1974 and you must therefore give details of all convictions whether spent or unspent under that Act).  ADDITIONAL INFORMATION:  *N.B*. *A criminal conviction will not automatically disqualify you.* |

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| **Offence** | | **Penalty or order of Court** | | | **Court** | | | **Date of conviction** |
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| *It is a condition of recruitment as a Youth Offender that a full criminal record check (which will include any spent convictions) is carried out prior to selection. Please sign and date below if you agree to this check being carried out.*  *Date: Signature:* | | | | | | | | |
| Commitment and Availability:  *Youth Offending s must undergo training, both initial and continuing, as well as attend supervision meetings.*  State whether you are available to participate in Panels  WEEKDAY MORNINGS  (10.00AM – 12.00PM)  Monday (am)  Tuesday (am)  Wednesday (am)  Thursday (am)  Friday (am)  WEEKDAY AFTERNOONS  (12.00PM – 5.00PM)  Monday (pm)  Tuesday (pm)  Wednesday (pm)  Thursday (pm)  Friday (pm)    If selected as a Youth Offending Volunteer could you commit to serve for at least one year? | | | | | | | | |
| Referees: | | | | | | | | |
| Title: |  | | | Name: | | |  | |
| Address: |  | | | | | | | |
| Occupation: |  | | | Telephone: | | |  | |
| In what capacity do you know this person? |  | | | Email: | | |  | |
| Title: |  | | | Name: | | |  | |
| Address: |  | | | | | | | |
| Occupation: |  | | Telephone: | | |  | | |
| In what capacity do you know this person? |  | | Email: | | |  | | |

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| To assist in future recruitment please state where you heard about this volunteering opportunity: |
| Please check that you have answered all questions fully before signing the declaration below. |
| *I certify that the information given is true and complete to the best of my knowledge and belief.*  *Date: Signature:*  *Please complete this form and send it to:*  Medway Youth Offending Service  Strood Youth Centre  Montfort Road  Strood  Rochester  ME2 3ET  *or email:*  *susan.berry@medway.gov.uk* |