



Application Form

Key4Life Volunteer Mentor

We are really pleased that you are applying to volunteer to be a mentor for Key4Life. It is a challenging and therefore exceedingly rewarding role. This form gives us the information we need to keep you and the young people we are working with safe. Thank you for your patience in filling it in.

Once complete, please return it to the following address:

Key4Life, Quarry Lane, Twelve Hides, Butleigh, Somerset, BA6 8TE.

Alternatively, you can complete the form online.

Please note no previous experience is necessary to volunteer for this programme.

Personal Details	
Surname:	First Name:
Date of Birth:	Place of Birth:
Gender (please circle):	Male Female
Contact Address:	
Postcode:	
Email Address:	
Tel No.	Mobile
Please describe your race / ethnic background (this can be useful, but it is not necessary):	
Do you have any particular needs that we should be aware of so as to best support your volunteering with us (this includes any disabilities): Yes <input type="checkbox"/> (Please give details) No <input type="checkbox"/>	
Do you have a full driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Current Occupation

Are you currently a student? **Yes** **No**

If YES, which course? **Full-time / Part-time** (please circle)

Are you currently employed? **Yes** **No**

If YES, where and in what capacity are you employed?

Full-time / Part-time (please circle)

Work Experience

Please give a summary of any relevant work experience (this may not mean working directly with young people or young offenders, but jobs with transferable skills):

Voluntary Experience

Please give a summary of previous voluntary work, if any:

Other Experience and Skills

Do you have regular contact with young people? If YES, please describe:

Yes No

Do you have any skills/experience/interests that you would be willing to share with young people (sports, crafts, cooking etc.):

What do you believe are some of the issues facing young offenders or young people at risk of offending:

Please list a few different ways you feel your experience and abilities can support a young person:

Criminal Convictions

PLEASE NOTE: A conviction will not necessarily mean that you cannot volunteer for the Key4Life programme. With your consent, we need to undertake a Disclosure and Barring Service (DBS) check and submit copies of DBS certificates to relevant Youth Offending Team personnel.

Do you hold a current Disclosure and Barring (DBS) check?

Yes No

Are you facing any criminal prosecutions or have you previously had any criminal convictions?

Yes No

If YES, please give details:

Health

Do you have any current or recurring medical problems/conditions or medication side effects that we need to be aware of? If YES, please give details:

Yes No

Are you on any medication that we need to know about? If YES, please give details:

Yes No

Declaration and Confidentiality Agreement

During the course of the programme, participants may disclose personal information about themselves and/or other individuals. All information discussed within the programme must be treated confidentially and not made available to any third parties outside of Key4Life or Youth Offending Services.

I declare that I will respect the confidentiality of all information disclosed by participants on the programme and will not pass any such information to third parties via any medium.

I declare that all the information given in this registration form is accurate and completed in full.

Signed: _____ **Print Name:** _____

Date: _____

References

Please supply details of two people who know you well enough to comment on your suitability for this role; these should not be family members. If you are not sure about who to use as a reference, we are happy to discuss this with you.

Name:	Name:
Address:.....	Address:.....
.....
Email:.....	Email:.....
Phone:	Phone:
How does this person know you:	How does this person know you:
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