

CIRCLES SOUTH EAST YOUTH SERVICE

VOLUNTEER APPLICATION FORM



Volunteer Application Form: Circles South East Youth Project

Surname:		Forenames:	Forenames:				
Date of birth:							
House number/Street:							
Town:	County:	: Postcode:					
Home tel:	Mobile:						
Email:	Email:						
Please give details of your prese	nt, or m	ost recent, em	ployment				
Job Title:		Employer:					
Type of Organization eg healthcare, retail, g	government	etc					
Date Commenced:	Date	Of Leaving:					
Main Duties And Responsibilities:							
Please give details of any experie	ence rel	evant to volun	teering with this				
project (to include paid employm		untary or men	toring experience,				
professional qualifications/skins	eic.)		professional qualifications/skills etc.)				



Briefly describe your motivation for volunteering with the Circles Youth Services Programme

Please give details of your secondary and higher education (starting with the most recent)						
School/College/University	Dates (from/to)	Subject	Grade/Qualification			



COMMISSION I TIED REGULATION LOCATION TO A TENENTY							
Please indicate v	when yo	ou anticipat	e being abl	e to volunte	eer with us (√)	
		Mon	Tues	Weds	Thurs	Fri	
Morning							
Afternoon							
Evening							
How many hour	s miaht	vou be abl	e to give to	the project	each week?	· (v)	
Tion many noun		. you be ub.		the project			
Fewer than 3	3-5		5-10	5-10		More than 10	
Diago tiek the v	معمداد	wing location	/s most a	itabla far	(./)		
Milton Keynes	volunteering location, Aylesbury			/s most suitable for you (√) High Wycombe Oxford City			
Bicester	Banbury			Abingdon		Reading	
Newbury		Bracknell		Slough		Reduing	
,	Tewbury Brackfiell Slough						
Do you have any	/ cautio	ns or crimi	nal convicti	ons, past o	r pending?		
Yes 🗌 No		If yes plea	ise give brie	f details bel	OW		

Do you consent to Circles undertaking a DBS check on you? YES/NO
(Note without this consent you will not be able to participate in the project)



Please return it to:

References				
Please give the names and addresses of two people who would be willing to give you a reference. They must have known you for at least 2 years, must not be related to you and one of your referees must have known you in a professional capacity.				
Referee 1 - Full Name				
Relationship				
Email	Phone No			
Address				
Referee 2 - Full Name	Relationship			
Relationship				
Email No.				
Phone No Address				
Please share any information, which could help us in matching you with a young person. It is important to match young people with the right volunteers, and in order to do this we need to be aware of any issues which you have personally which might inhibit you as a volunteer from relating to a specific person.				
Signature: Thank you for your concern and for completing this fo				



Circles Youth Project Baptist House 129 Broadway Didcot OX11 8XD

Tel: 07721 239948 / 01235 816050

If you have any queries regarding this form or the programme please ring Tracy Blackstock to discuss further.

Circles South East is an organisation dedicated to Equal Opportunities