**Kenley Revival Project Youth Volunteer Application Form**

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| --- |
| Name: |
| Why would you like to be a youth volunteer with the Kenley Revival Project?  (max. 500 words) |
|  |
| What skills can you bring to the Project? What are you good at? (max. 500 words) |
|  |
| What would you like to gain from the experience of volunteering with the Kenley Revival Project? (max. 500 words) |
|  |

**Kenley Revival Project Youth Volunteer Sign-up Form**

*All the information on this form enables us to ensure that you are suitable for our youth volunteer role.*

|  |  |  |
| --- | --- | --- |
| Surname: | | First Name: |
| Address: | | |
| Email address: | | |
| Home telephone number: | | |
| Mobile telephone number: | | |
| Date of Birth: | \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy) | |
| Next of Kin:  (emergency contact | Name: ………………………………………………..  Phone number: ………………………………….  Relationship to you: ………………………….. | |
| Availability: | Any dates between 22 July and 30 August 2019, that you will be unavailable?  ……………………………………………………………………………………………………….  ………………………………………………………………………………………………………. | |
| Availability: | The Youth Volunteer Programme will take place on the same day every week. Which day is best for you? (tick all appropriate)   * Monday * Tuesday * Wednesday * Thursday | |
| Transport | This volunteering will take place at two sites: RAF Kenley Airfield and the Merlewood Estate Office, Ninehams Road, Caterham.  How will you be traveling to these sites?  ……………………………………………………………………………………………………….  ………………………………………………………………………………………………………. | |
| I confirm that the information I have provided is correct, to the best of my knowledge. | | |
| Signature: | Date: | |

**The City of London Corporation is a data controller, and processes the personal data you provide, in accordance with the General Data Protection Regulation and the Data Protection Act 2018. For full details of how and why the City of London Corporation processes personal data, please refer to the full privacy notice, along with the relevant departmental layers, available at** [**www.cityoflondon.gov.uk/privacy**](http://www.cityoflondon.gov.uk/privacy)**, or contact us to request a hard copy. Please direct all data protection queries to the Information Compliance Team at** [**information.officer@cityoflondon.gov.uk**](mailto:information.officer@cityoflondon.gov.uk)**.**

**Kenley Revival Project Youth Volunteer Diversity Form**

Some of the following information is requested for statistical purposes only and is used to ensure that we are making volunteering available to everyone in our community.

|  |  |
| --- | --- |
| Date of Birth | ………../……….../…………..…. (DD/MM/YYYY) |
| To which ethnic group do you belong? | White British  Any other white background  Indian  Pakistani  Chinese  Any other Asian background  Any other mixed background  Black British  African  Other black background  Irish  Gypsy or Irish traveller  Arab  Bangladeshi |
| Disabilities: | Do you consider yourself disabled?  *We encourage you to discuss any support you may need from us. This information is confidential. If volunteering for more practical tasks we may need further information about your health to ensure your safety.*  Yes  No  Please give more details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How did you hear about us? | Kenley Revival Project Website  Sixth Form/College  Youth Group  If so, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Media  Local Library  Other  If other, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed: | Date: |

Youth Volunteer Consent Form:

**Role title and location: Youth Volunteer at Kenley Airfield (Kenley Revival Project)**

City of London Open Spaces encourages the participation of under 18’s in volunteering programmes and in most organised Open Spaces events. A supervisor will need to be appointed to oversee the participant’s involvement, ensuring activities are age appropriate and that safe practice is carried out.

|  |  |
| --- | --- |
| Name of young person: |  |
| Date of birth: |  |
| Volunteer role or activity: |  |
|  | |
| Supervisor statement:   * I undertake to supervise the above named at all times when they are acting as a City of London Open Spaces volunteer or participating in an Opens Spaces event. | |
| Supervisor name: | Charlotte Islin – Learning and Volunteers Officer |
| Supervisor signature: |  |
|  | |
| Parent/Guardian statement:   * I give permission for to take part in the volunteer role above. I have ascertained what activities are involved and this permission extends to all the activities involved in this volunteering programme. * I agree that the above named adult may supervise the above named young person when acting as a City of London Open Spaces volunteer or participating in an Open Spaces event. | |
| Parent/guardian name (please print) |  |
| Parent/guardian address |  |
| Parent/ Guardian telephone number |  |
| Parent/guardian e-mail |  |
| **Parent/guardian signature** |  |
| **Date** |  |

