



VOLUNTEER MENTOR APPLICATION FORM

Name: _____ Date of Birth: _____ Gender: _____

I am applying to be a Volunteer Mentor for a young person 13 to 19 years old

I am applying to be a Volunteer Memory Maker for a child 9 to 12 years old

I am interested in supporting SMASH in some other capacity. If you tick this box you will also be sent a Supporter Application Form to complete.

Address: _____

_____ Post Code: _____

Tel: _____ Email: _____

How did you hear about us? _____

Race / Ethnicity: _____

Do you have a driving licence and access to a car? Yes / No

Do you have a disability? Yes / No (If yes please specify below)

Are you currently employed? Yes / No

Please give a brief outline of your work experience (paid and/or voluntary), qualifications and professional skills and how they may relevant to this role:

Please describe your personal skills, hobbies and interests and how they may be relevant to this role:

Mentors and Memory Makers are asked to commit at least 2 hours a week for a minimum of a year while other voluntary roles within the organisation may vary in the time that they will take up.

Do you have a criminal record?: Yes / No If Yes, then please outline full incident details below. Continue on a separate sheet of paper if necessary and attach the sheet to this application form when returning it.

Please remember that you must declare all convictions as no convictions are considered 'spent' for the purposes of working with children and young people (A criminal record will not necessarily prevent you from becoming a volunteer.)

Have you had any involvement with Social Services regarding child protection or other concerns or been involved in any incidents where allegations of child abuse have been made? Yes / No

If 'Yes' then please provide details on a separate sheet of paper and attach it with this form.

Is there any information, which you should bring to the attention of the SMASH Youth Project, which may prevent your appointment in this role? Yes / No

If 'Yes' then please provide details on a separate sheet of paper and attach it with this form.

References

Please give details of 2 Referees that we can approach. Note that personal references from family members are not acceptable. One Referee must be employment related and the other one related to any experience you may have with children and young people – if possible).

Name: _____

Name: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

Declaration

The information that I have given on this form is true and accurate to the best of my knowledge. I am aged over 18 years.

I am happy to be contacted via email regarding SMASH updates, fundraising events and other volunteering opportunities within SMASH. **Yes / No** (Please circle as appropriate)

Signed: _____

Date: _____

Once completed please return to:

**SMASH - Pinetrees Community Centre, The Circle, Pinehurst, Swindon - SN2 1QR or
email it to**

admin@smashyouthproject.co.uk

Tel: (01793) 729748

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SMASH

Swindon Youth Mentoring and Memory Makers

The Board of Trustees of the Project have to be reassured that people seeking to mentor young people belonging to the Project are healthy enough to undertake the role of Mentor.

To this end the Borough Council is prepared to allow the Project to submit a medical questionnaire to Occupational Health if you give details below about your medical history that the Project Team would need to seek advice about.

Why are you collecting the information?

We want to be assured that you will not put yourself or a young person at risk as a result of any medical condition that you may have.

What will it be used for?

Simply to assess that performing the role of mentor does not put you or your mentee at risk.

Who will it be shared with?

The Project Team will not see the medical questionnaire form, if you have to complete one, as it will go straight to Occupational Health Department.

How long will you keep it?

If you are not accepted for training/mentoring your information will be shredded and securely disposed of. If you go onto mentoring the information will remain on your personal file, which you can have access to at anytime.

A. I may have a medical history that may prevent me from volunteering as a mentor (Please delete as appropriate*). **Yes or No***

B. I have had long periods of absence from work due to illness (Please delete as appropriate*). **Yes or No***

Signed.....

Date.....