



KICK
33 High Street,
Hemingford Grey,
St Ives
PE28 9BJ.
Charity No. 1142913
www.kickyouth.org

Volunteer Application Form – Confidential

Section A – Personal Details

Title:

First name:

Surname:

Address:

Contact no:

Section B

Why do you want to volunteer with KICK? Please include information about any skills or experience you hope to gain through volunteering.



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Section C

Please give details of any previous experience you may have of working with young people.

Section D

Please give details of any relevant qualifications, training and/or personal qualities which you feel will equip you for working with young people.



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Section E – References

Please give the name and contact details of two suitable referees. At least one should have knowledge of any previous work you may have undertaken with young people.

Reference 1:

Name:

Organisation (if applicable):

Email address:

In what capacity do you know this person?

Reference 2:

Name:

Organisation (if applicable):

Email address:

In what capacity do you know this person?

Section F – Declaration

I confirm that the information I have given on this form is accurate and truthful.

Signed:

Date:

If you have any questions please contact Louise McCoy, KICK Operations Manager, at louise@kickyouth.org.

Thank you for wanting to volunteer with KICK.