



Your Place, Your Space

# Elgin Youth Cafe Volunteer Application Form

Please read the form carefully before completing

Name	Date of Birth	M	F <input type="checkbox"/>	<input type="checkbox"/>
Address	Do you have any medical or other conditions requiring specialised treatment, supervision or environmental measures? Y <input type="checkbox"/> N <input type="checkbox"/>			
Telephone	If yes, please list below			
E-mail				
Education & Occupation(s) <i>Please continue on other side of the form if necessary. Start with your Current, most recent job or educational status.</i>				
Please provide the names & addresses of two referees				
First Referee		Second Referee		
Why do you want to become a Volunteer in the Elgin Youth Café?				
What relevant skills and experience do you feel you could bring to the Café and its work with young people?				
When would you be available to volunteer? TUESDAY EVENING <input type="checkbox"/> WEDNESDAY EVENING <input type="checkbox"/> THURSDAY EVENING <input type="checkbox"/> SATURDAY AFTERNOON <input type="checkbox"/> SATURDAY EVENING <input type="checkbox"/>				
I agree to being subjected to an enhanced Disclosure Scotland check concerning my current and past integrity. <b><i>(Please note that a criminal record may not necessarily disqualify you from serving as a Volunteer with the group, but we need to be fully informed of all aspects of each Volunteer's past in order to comply with current and future Child Safety Policies and Legislation.)</i></b>				
Signed		Date		

Thank you for completing the form.

Please return it to:

Caroline Saunders, Café Manager, Elgin Youth Café, Francis Place, Elgin, IV30 1LQ

Telephone 01343 548300