

Volunteer Application Form

Scottish Charity Number SCO 36138

Youth Proje	ct Andreas	
Telephone Number	Home	
	Mobile	
Email address		_
Emergency contact d	etails (Name, relationship and	d phone number)
		_
Any medical condition	on about which you wish us to	be aware:
Are you already in th		osure Scotland (through other volunteer/work with
Any particular skills/i	nterests you would like to off	fer as a volunteer for DACYP?
Cooking/Baking	Art/crafts	Sport (any in particular?)
IT skills	Music/singing	Animals/interest in pets
Anything else that w	ould be useful for us to know	eg. your work/volunteering background?
Involvement in any lo	ocal church/Christian commu	nity – current or past
Please turn over		

Two Referees contact details (please inform the referees that DACYP will be in touch)			
Note – at least one reference should be someone who has seen you working with young people or can state that you would be suitable for this work			
Referee 1 – a personal reference known to you (Name, address or email, telephone number)			
Referee 2 – a person/leader from your church community who can state any involvement OR a work colleague/manager (Name, address or email, telephone number)			
Please consider and sign the following three statements:			
1. DACYP is a Christian organisation (our Statement of faith is the Nicene Creed). Our Aims include:			
 Responding to the identified needs of young people in schools and community by demonstrating Christian love and compassion in practical ways and offering pastoral support where needed. Enabling young people to explore the good news of the Christian faith, supporting them in the development of their personal beliefs, nurturing the faith of young Christians, and encouraging acquisitions of life skills. 			
Please sign here if you are in agreement with these aims			
 Read the attached DACYP Confidentiality and the Equality, Diversity and Human Rights Policies. Please sign here if you are in agreement with these policies			
3. If you become a volunteer with DACYP it is important that you participate in Safeguarding Training.			
Please sign here if you agree to undertake Safeguarding training			
Thank you very much for your interest in volunteering in the work of DACYP.			
Please return this form to Alison Murray, DACYP Administrator dunbaryouthassistant@gmail.com or 1 Beveridge Links Dunbar EH42 1ZU She will then be in touch to arrange completion of a PVG Form.			