

Youth Club Young Volunteer Registration Form

Name:	<input type="text"/>
Address:	<input type="text"/>
Tel (home):	<input type="text"/>
Tel (Mobile):	<input type="text"/>
Email Address:	<input type="text"/>
Date of Birth:	<input type="text"/>

Club / project:	<input type="text"/>
Youth Worker Name:	<input type="text"/>
YCYV start date:	<input type="text"/>

Do you describe yourself as having a disability? (please tick)

Yes No

Please identify any adjustments we can make that would make it easier for you to take part, e.g. to the layout of the building, in the use of equipment, in staff support, with communication?

How would you describe yourself? (please tick)

Asian or Asian British

- Bangladeshi
 - Indian
 - Pakistani
 - Other – please specify:
-

Black or Black British

- African
 - Caribbean
 - Other Black Background – please specify:
-

Chinese

Dual Heritage

- White & Asian
 - White & Black African
 - White & Black Caribbean
 - Other Dual Background – please specify:
-

White

- British
 - Irish
 - Other – please specify:
-

Other

- Please specify:
-

Prefer not to say:

Are you interested in activities / events / consultations / campaigns in: (tick as many as you want)

- Club / Project
- Local area
- County
- Regional (South West)
- National