

Appendix 6: Young Volunteer Opportunities to Serve Form

Full Name of Young volunteer _____	DOB _____
Address _____	
Phone number _____	
Name of Group _____	

Thank you for agreeing to be a volunteer. We value and appreciate you being willing to serve in this way.

You will be expected to help _____ *(name of leader)* with: _____
please state tasks below:

Here are some simple Do's and Don'ts:

- Do help the children to have fun – and remember to have fun yourself!
- Do be gentle with the children or young people during games.
- Do praise the children for their achievements.
- Do help and encourage them when they find things difficult.
- Do try to show them care through your actions.
- Do be careful with the things you say - don't swear, gossip or shout.
- Don't be aggressive, angry, or unfriendly towards the children.
- Don't show favouritism towards one or more of the children over the others.
- Do try and avoid close physical contact - children may want to cling to you, sit on your lap, or jump on you. Gently ask them to stop and sit next to you instead.
- Do encourage them to take part in the activities that have been organised.
- Do remember to smile. 😊

What we will do for you:

We will give you a copy of the guidelines we give to all our leaders, so you know what to do.

We will provide a leader who will supervise your work, give you guidance, and look after you. Their name is: _____ *(name of leader)*. You will need to let them know if you can't attend.

Your supervisor will give you more information and you can ask them any questions and talk to them about anything, even if it's not to do with the work, or it's outside the normal hours of the group.

We will make sure you only help with activities where you are supervised and within sight of the leader. Other leaders may ask you to help them if the children are separated into groups. If this happens you should take supervision from that group leader for that time.

We will make sure that you are **NEVER** left on your own with any of the children.

I _____ commit regularly to attend and help at _____ (name of group) for the agreed period of time with the exception of sickness, school outings, exams, DOE expeditions and study leave.

Signed _____ Age _____ Date _____

We will communicate with your parent/carers

Email _____

Phone number _____

Travel arrangements getting home: I have made travel arrangements after _____ (name of group) particularly during the dark evenings, and these are as follows:

Approved by: Parent/Carer (person with parental responsibility)

Sign: _____ please keep a copy and return the other.

Agreed period: _____ months. Expires _____ You can arrange to renew this commitment at this date.

Appointment approved by: _____ (Children and YP worker)

Named Leader: _____ Contact Number: _____