

Young Leaders Volunteer Programme Application Form



Name: _____

Date of Birth: _____

Address:

Parent/Guardian
Name (if
under 16): _____

Email (parent/guardian
email if under 16): _____

Mobile (parent/guardian
email if under 16): _____

Do you consider yourself to have a disability? Yes No

Please let us know if you require any additional support or adaptations in order to participate in the training programme or to carry out volunteering duties?

Continued ►

Can you commit to attending the following training dates?

Yes No

Sunday 14th November, 1-6pm (face to face)

Sunday 21st November, 1-6pm (face to face)

Thursday 25th November or Monday 29th November,
6.30-8.30pm (online)

Note: All face to face delivery will be held in the Greater Belfast area.

Please tell us why you would like to be involved in the programme (200 word max)

Please return all completed forms to ereid@dsni.co.uk
before **Friday 29th October 2021**.