



**UNDER 18s VOLUNTEER REGISTRATION FORM**

**This form must be completed by a parent or guardian.**

Young at Art requires certain information to satisfy statutory obligations and to ensure speedy and accurate communication in the case of an emergency.

This form must be completed before the young person can volunteer with Young at Art. **One form** must be completed for each volunteer.

Completed forms **must** be returned by post to Young at Art after the online application form has been completed in order for the young person to take part in Young at Art activities.

**INFORMATION PROVIDED ON THIS FORM WILL BE KEPT SECURE AND CONFIDENTIAL**

**Young Person's Details**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male  Female

Home Address (Main address where young person resides):

\_\_\_\_\_ Postcode \_\_\_\_\_

Alternative home address (if young person stays regularly with another carer):

\_\_\_\_\_ Postcode \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Tel No: \_\_\_\_\_ Medical No. \_\_\_\_\_

Does the young person have a disability? YES  NO

If yes, please give details: \_\_\_\_\_

Does the young person have any other special medical/dietary conditions (e.g. asthma, food/medical allergies, etc.)?  
\_\_\_\_\_

**Where treatment requires specialist knowledge (e.g injections), staff are *not* in a position to administer medication**

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We require **two** emergency contact names and details **including a parent or guardian**. These should be people in a position to collect the young person if required. ***It is essential that you fully complete this section.***

1. Contact Name: \_\_\_\_\_

Relationship (e.g. parent, guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_

Relationship (e.g. aunt, neighbour): \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Any other comments or information you feel may be useful – e.g. phobias etc

**In situations where we are unable to contact a parent/guardian or the emergency contact person, we may be required to take the young person to a hospital in the event of an emergency. Please note – to ensure the safety of the remaining young people, we will endeavour to have 2 members of staff accompany your child to the hospital for treatment. In the unlikely event that there is only one member of staff available to accompany your child for treatment, we will ensure that this person is vetted and police checked and has received child protection training.**

By signing below, I acknowledge that \_\_\_\_\_ (young person's name) has permission to volunteer with Young at Art

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

We may take photographs/and or video recordings of Young at Art activities. Some of these may be used for publicity purposes. Do we have permission to take photos of your young person and to use these for publicity purposes if required?

YES  NO

The information provided on this form will **not** be used for marketing or promotional purposes. All information, including that specific to the young person will be kept confidential.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

For full details of our photography/video policy in relation to Child Protection please visit [www.youngatart.co.uk](http://www.youngatart.co.uk)

**Completion of this form is compulsory**