

Application for Affiliation 2016

Please use Block Capitals

Youth Club Name:	
Club Venue:	
Meeting Times:	
No of Volunteers (21+)	
No of Assistant Volunteers (18 – 21)	
No of Members:	
Mailing Contact:	
Key Volunteer/Leader: Name:	
Address:	
Telephone:	
Email:	
Club Committee:	
Chairperson: Name:	
Address:	
Telephone:	
Email:	
Secretary: Name:	
Address:	
Telephone:	
Email:	
Treasurer: Name:	
Address:	
Telephone:	
Email:	

How often does the Club Committee meet?

Monthly

Bi-monthly.

Date:

Form completed by:

The KDYS is a charity dedicated to supporting young people since 1971

(please ensure <u>all</u> volunteers are included – use additional sheet if necessary)

NAME	ADDRESS	TEL NO	EMAIL	* Vol Category	Start date in club	Recruitment (Please tick)		Training (Please tick)		
						Vol Apl submitted & references checke <i>d</i>	Garda vetting submitted to KDYS	Volunteer Induction	Child Protection	Refresher

* Vol. Category: Vol (aged 21+) Ass. Vol. (aged 18 – 21 yrs)

From time to time, KDYS may have information that may be relevant in the role as volunteer leader and will forwarded directly to each leader.