

Youth Club Name:

Application for Affiliation 2017

Please use Block Capitals

Club Venue:				
Meeting Times:				
No of Volunteers (21+)			
No of Assistant Volunte	eers (18 – 21)			
No of Members:				
Mailing Contact:				
Key Volunteer/Leader:	Name:			
	Address:			
	Telephone:			
	Email:			
	2			
Club Committee:				
Chairperson:	Name:			
	Address:			
	Telephone:			
	Email:			
Secretary:	Name:			
	Address:			
	Telephone:			
	Email:			
Treasurer:	Name:			
	Address:			
	Telephone:			
	Email:			
often does the Club Com	mittee meet?	□ Monthly	□В	i-monthly.

List of Youth Club Volunteers: (please ensure <u>all</u> volunteers are included – use additional sheet if necessary)

NAME	ADDRESS	TEL NO	EMAIL	* Vol Category	Start date in club	Recruit (Please	ecruitment (Please tick)		Training (Please tick)	
						Vol Apl submitted & references checked	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.