

Application for Affiliation 2015

Please use Block Capitals

Youth Club Name:	
KDYS Youth Club Support Worker:	
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.

Is your club familiar with KDYS YOUTH CLUB SUPPORT PACK? Yes No

Form completed by: _____ Date: _____

List of Youth Club Volunteers: (please ensure all 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 Api 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.