About KDYS

K.D.Y.S. aims to enable young people to gain for themselves, the knowledge, attitudes and skills necessary to meet their own and others developmental needs

The KDYS was set up in 1971 as a support structure for youth clubs in the Kerry Diocese. It is affiliated to Youth Work Ireland. Over the last thirty eight years it has established centres in Listowel, Tralee and Killarney, bases in Killorglin, Castleisland and Cahersiveen, providing a range of youth work responses to meet the changing needs of young people. These include youth clubs for young people in rural areas, youth information centres, community-based projects in urban housing estates, programmes for early school leavers and young people at risk and family support programmes.





KDYS is a Health Promoting Organisation

Contact KDYS

For information on any of the services and programmes on offer contact.

KDYS Tralee Youth Centre

Denny Street, Tralee T: 066 7121674 E: tralee@kdys.ie

KDYS Killarney Youth Centre

Fair Hill, Killarney T: 064 6631748 E: killarney@kdys.ie

KDYS Listowel Youth Centre

Upper Church Street, Listowel T: 068 23744 E: listowel@kdys.ie

KDYS Killorglin Youth Centre

Bridge Street, Killorglin T: 066 9790444 E: Killorglin@kdys.ie

KDYS CastleIsland Youth Centre,

Castleisland

T: 066 7142648 E: castleisland@kdys.ie

www.kdys.ie





Seirbhís Óige Dheoise Chiarraí

Volunteer Application Form

Please complete and return to you local KDYS representative or HR Dept, KDYS, Killarney

KDYS VOLUNTEER APPLICATION FORM (use BLOCK capitals)

Level of Involvement - Weekly \square - Monthly \square - Other \square	Le
Project/Club name:	P_{I}
Reference Checked: Support Worker: Start Date: Start Date:	$R\epsilon$
Application processed by: Date: Date:	Ap
Application received by: Date: Date:	A_{I}
To be completed by KDYS Staff only:	T_{ϵ}
Signed:	\mathbf{S}
l agree to attend and participate in the Volunteer Induction Programme and other appropriate training (if applicable).	Ţ
I understand that KDYS is required to comply with Garda vetting procedures and that the relevant Garda Vetting form will be forwarded to me for completion.	G Z
hat I will abide with and accept the terms and	ا I تا
Tel No:	T_{ϵ}
	i
Address: Address:	A
Name: Name:	Z
application. Referees may include Employer, Teacher, Garda, Leader in voluntary / community organisation. Sports club leader, etc. If you have previous experience in a voluntary / community organisation at least one of your two references must come from a senior member of that organisation.	ap yc
	Z D :
What kind of weekly time commitment can you give?	€ :
Have you previously received any youth and/or community leadership training? If yes please state level of certification/give details.	: H
If you have left this organisation please state your reason why:	If :
Are you involved or a member of any other voluntary / community organisations? Yes: No: No: No: No: No: No: No: No: No: No	If A
	: :
In which area are you interested in Volunteering,: School, Youth Centre, Community, Fundraising etc.?etc.?	₩
Occupation:	Q
Tel. No: <i>Home Mobile</i> : Email:	T_{ϵ}
Name: Date of Birth:Address:	> Z