**Young Leaders Application Form**

|  |
| --- |
| ***Name: DOB*** |

|  |
| --- |
| ***Are you a member of the youth zone? YES NO*** |

|  |
| --- |
| ***Please provide an email address or number you can be contacted on below:*** |

|  |
| --- |
| ***Why do you want to be a young leader at the Hive?*** |

|  |
| --- |
| ***Tell us about your hobbies and interests:*** |

|  |
| --- |
| ***What role would you be interested in as a young leader? Please Tick***   * **Young leader/Mentors on Junior/ Hiveability Sessions** * **Help to organise Events and Fundraise** * **Young Persons Advocate**   **When would you be available to help on Junior sessions?**  **Wed 3.45-8.15 Sun 2.45-7.15** |
| ***Please provide 2 different references from a teacher, youth worker, tutor etc as to why you would make a great young leader.***  ***Name and Signature……………………………………………………………………………….***  ***Organisation…………………………………………………………………………………………***  ***Contact number or email ………………………………………………………………………..*** |

|  |
| --- |
| ***Please provide 2 different references from a teacher, youth worker, tutor etc as to why you would make a great young leader.***  ***Name and Signature……………………………………………………………………………….***  ***Organisation…………………………………………………………………………………………***  ***Contact number or email ………………………………………………………………………..*** |