

**Police Scotland Youth Volunteer (PSYV)**  
**Youth Volunteer Application Form**

Name of Applicant:

Date of Birth:

Address:

Postcode:

Landline telephone number:

Mobile telephone number:

Email address:

Current School/Education establishment:

Parent/Guardian contact details:

Parent/Guardian contact number:

**Additional Information**

Are you currently attending a separate youth organisation e.g. football team, dance group etc – Y/N? If yes please provide details including which day of the week you attend:

Apart from school hours, are there any days/evenings that you are not available?  
If yes, please specify which days/times:

Please provide brief details of any previous volunteering experience:

Can you commit to attending PSYV training between 7-9pm on Monday evenings at the Interchange Galashiels? Y/N

**Personal Statement:**

Please tell us why you would like to join the group and what qualities you would bring to it:

Please send completed form to [lothianscotborderspsyv@scotland.pnn.police.uk](mailto:lothianscotborderspsyv@scotland.pnn.police.uk)

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Youth Volunteers