

CCY MENTOR APPLICATION FORM



Name:	
Address:	
D.O.B:	
Age:	
CCY Membership No:	
DA and Region:	
Number of Years in CCY:	
Date Test Passed:	

Why would you like to be considered as a CCY Mentor:

What skills/experience do you think you could bring to this role:

Post your completed form to CCY Mentorship Programme, Membership Department, The Camping and Caravanning Club, Westwood Way, Coventry, CV4 8JH. Following successful selection, all CCY Mentors will be expected to undertake a DBS check and complete a Level 1 Safeguarding Course.