



A Voice for the Voluntary  
Youth Sector

**involved Youth Volunteering  
in Staffordshire Consortium**  
**SCVYS SCIO Volunteer**  
**Centres Staffordshire County**  
**Council Youth Service**



## **Proof Of Volunteering Experience**

Required for 15 Hour Accredited Certification

**To qualify for a Staffordshire Youth Service Accredited Certificate, you will need to identify learning and skills that you have gained from your volunteering experience. Please give a short description for each appropriate experience.**

I participated in the voluntary activity.

I took responsibility for organising a piece of work either as an individual or with a group.

I took on a leadership role in the activity.

I had responsibility for taking a peer mentoring role.

I worked alongside other young people/adults in a team.

The activity involved listening and/or communicating with other people/organisations.

The activity enabled me to contribute towards decision making.

Other skills and knowledge gained from the volunteering activity.

Signature of the volunteer

Print Name

Date:

Signature of the representative of the organisation

Print Name

Date:

**For office use only**

Authorised by:  
(Sign and Print Name)

Date: