

VOLUNTEER APPLICATION FORM

First Name: _____ **Surname:** _____

Address: _____

Telephone number: _____ **Email:** _____

Which ministry are you volunteering for?

Previous Work experience

Have you previously been involved in voluntary work? Yes No

If yes, please give details.

Why do you want to get involved in this activity?

Have you previously received any training for working with children or young people? Yes No *If yes, please give details.*

SGF 1

EFFECTIVE FROM: 01.07.2016

Do you have any specific needs that we need to be made aware of?

Please provide any other relevant information below.

Referees: Please provide the names and contact details of two people whom we could contact for a reference (not relatives).

1

2

| | |
|----------------|----------------|
| Name | Name |
| Address | Address |
| Tel | Tel |
| E-mail | E-mail |

Declaration

I declare that I have completed this form truthfully, and that I agree to abide by and accept the terms and conditions of my involvement if successful in the application process. I have read "Safeguarding Children Policy & Standards for the Catholic Church in Ireland", will abide by its requirements and Code of Behaviour and will attend a safeguarding information/training session.

Signed: _____ **Date:** _____