

CONFIDENTIAL APPLICATION FORM
ADULT VOLUNTEER

Parish: **Our Lady Queen of Peace, Merrion Road**

Name:

Please describe what motivates you to become a volunteer *(include any special interests or activities)*

Any previous name:

Address:

Telephone nos:

Email:

Details of previous experience/
training/involvement in volunteering

DoB:

Place of Birth:

Occupation:

Archdiocese of Dublin

Please provide the names and addresses of two people whom we can contact to confirm your suitability for this position (not relatives)

Name	Name
Address	Address
Tel	Tel
E-Mail	E-Mail

For those working directly with children:

Have you previously received any training for working with children or young people?

Yes No

If yes, please give details

Do you suffer from any illness/disability/medical condition that may at times affect your ability to work with children & young people?

Yes No

If yes, please give details

Declaration

Do you have any prosecutions pending or have you ever been convicted of a criminal offence or been the subject of a Caution or of a Bound Over Order?

Yes No

If yes, please state the nature and date(s) of the offence(s):

Date of offence:

Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity?

Yes No

If yes, please give details including date(s)

I declare that the information I have presented in this document is true and that I am fit to serve as a volunteer with this parish ministry/activity. I agree to abide by and accept the terms and conditions of participation.

I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with children & young people.

I understand that, if it is found that I have withheld information or included any false or misleading information above, I may be removed from my post whether paid or voluntary, without notice. I understand that the information will be kept securely by the Church organisation.

I hereby declare the information I have provided is accurate.

Signed: _____

Date: _____

For Parish Office Use Only

References Checked: Phone ___ Letter ___ Visit ___

Checked By: _____ (printed)

References Location: _____

Date volunteer details placed on Parish Register: _____

Signed:

Date: