

Confidential Application Form Adult Volunteers¹

Diocese: Limerick

Parish: Monaleen

Surname: _____

Date of birth: _____

First name: _____

Address: _____

Tel. no: _____

Email : _____

Are you: (please tick)

Employed

Unemployed

Student

Homemaker

Retired

Other

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 with this parish activity/ministry?

Have you previously received any training for working with Children? Yes No

Please outline: _____

¹Adapted from: Dept of Health and Children *Our Duty to Care: the Principles of Good Practice for the Protection of Children and Young People*. Dublin Stationery Office 2001 pp41-2

How much time can you commit to voluntary work? Please tick

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you have any spare time hobbies, interests or activities?

Any other relevant information?

Is there any medical or other reason why you may be deemed unsuitable to work with young people? Yes No

Please outline: _____

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

Name : _____ Name : _____

Address: _____ Address: _____

Tel No: _____ Tel No: _____

Email: _____ Email: _____

I declare that the above information 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.

Signed: _____

Date: _____