

**CONFIDENTIAL APPLICATION FORM**

**ADULT VOLUNTEER**

**Parish:**.....

Name: \_\_\_\_\_

Any previous name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone nos: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mob \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Details of previous experience/ training/involvement in volunteering

# 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 and/or vulnerable adults:**

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

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 or vulnerable adults?

Yes                      No

*If yes, please give details*

**Declaration form for all persons working as employees or volunteers with children and young people**

**Confidential**

Do you have any prosecutions pending or have you ever been convicted of a criminal offence.

- Yes                                       No

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

Date of offence: \_\_\_\_\_

Nature of offence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour?  
(Please tick)

- Yes                       No

If yes, please give details including date(s) below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Archdiocese of Dublin

**Full name (print):**

\_\_\_\_\_

Any surname previously known by:

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

***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:**