
Diocese of Raphoe

Application Form for Adult Volunteersⁱ

Confidential

Parish: _____

Surname: _____

First name: _____

Address: _____

Tel. No: _____ Mobile No: _____

Email: _____

Date of Birth: _____

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 _____

If yes, please give details:

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

	Mon	Tues	Wed	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 _____ *If yes, please give details:*

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 this participation

Signed _____

Date _____

ⁱ Adapted 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, pp 41–2.