

ANOIS VOLUNTEER APPLICATION FORM

Name:..... Date of Birth:.....

Address:.....

Daytime Contact No:..... Mobile:.....

Email:.....

How long have you been at this address?

If less than 2 years please give previous address.....

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Please give details of previous work experience

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Have you previously been involved in voluntary work? YES NO

If yes, please give details:.....

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Please give details of any work experience you have of working with children or young people
(either paid or voluntary).....

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Please outline your reasons for volunteering as a youth leader.....

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Have you previously received any child protection training or youth and community training?

If yes, please outline.....

Are you prepared to undertake appropriate training?

YES

NO

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

If yes, please outline.....
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Do you have any spare time hobbies, interests or activities?.....
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Any other relevant information?.....
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How much time can you commit to voluntary work? Please tick:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please provide the names and addresses of two people whom we can contact for a reference. The people named should not be relatives.

Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Mobile:		Mobile:	
Email:		Email:	

"I declare that the above information is true and that I am fit to serve as a volunteer with the Limerick Diocesan Pastoral Centre.

I agree to abide by and accept the terms and conditions of participation."

Signed:..... Date:.....

Office Use Only

Received by On..... Signed