



## Volunteer Application Form Confidential

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Please affix  
a passport  
photo here  
with your  
name on the  
back

1. Name (Mr/Mrs/Ms) \_\_\_\_\_
2. Any other name previously know as \_\_\_\_\_
3. Address \_\_\_\_\_  
\_\_\_\_\_
4. Phone Number \_\_\_\_\_
5. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_
6. Occupation \_\_\_\_\_
7. Please outline why you wish to become a volunteer  
\_\_\_\_\_  
\_\_\_\_\_
8. Can you please outline any particular skills you possess that may benefit the  
Summer Fun Camp e.g. crafts, sport, etc.?  
\_\_\_\_\_  
\_\_\_\_\_
9. Please give details of any previous experience of working with children or  
young people in a group/activity/club setting.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you suffer from any illness/disability/medical condition which may at  
times affect your ability to work with young people? If so, please give details.  
\_\_\_\_\_  
\_\_\_\_\_



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11. Do you hold a current full D or D1 driving licence? Yes / No
12. Have you ever been addicted to or received treatment for use of addictive substances such as alcohol, illegal drugs or prescribed drugs. Yes / No
13. Have you ever been convicted of a criminal offence? Yes / No
14. Does the management of Kildare Youth Services have your permission to present you for Garda Vetting? Yes / No
- 15. Only if you are a Junior Leader i.e. between 15 – 18 years of age, please complete the following section...**

**Parental/Guardian Consent**

I \_\_\_\_\_ (parent of Guardian) allow \_\_\_\_\_ (son or daughter) to take part in the volunteer training and volunteer on the Summer Programme which is starting from the week of 2nd of July 2007.

16. I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with children. I declare that the above information is true and agree that I will abide and accept the terms and conditions of membership/participation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

17. Please indicate what times you would be available:

Daytime	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**References.**



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18. Please supply the name, address, telephone numbers and positions of two people (Non-relatives), who you know well and can provide us with a reference:

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Tel. No. _____	Tel. No. _____
Position _____	Position _____

**For Group/Office use only**

Reference Checked:	Initials _____	Date: _____
Garda Vetting Form Received:	Initials _____	Date: _____
Copy of Photo Identification:	Initials _____	Date: _____