

CONFIDENTIAL APPLICATION FORM

ADULT VOLUNTEER

Diocese:

Parish:.....

Surname:

First Name:.....

Address:.....

.....

Tel.

Email

Are you (please tick)

Employed

Unemployed

Student

Homemaker

Retired

Other

Previous work/volunteer experience

Archdiocese of Dublin

Have you previously been involved in voluntary work: Yes No

*If **yes**, please give details*

Why do you want to get involved with this diocesan/parish activity/ministry?

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

Yes No

*If **yes**, please give details*

Any other relevant information?

Archdiocese of Dublin

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

Name	Name
Address	Address
Tel	Tel
E-Mail	E-Mail

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: