



Clare Youth Service

Volunteer Application Form



PRIVATE & CONFIDENTIAL

Name: _____ Address: _____

Tel (Home): _____ Tel (Work): _____

Mobile: _____ Email: _____

Please tick if you would like to be informed of Youth Club Events by:

Text: **And / Or** Email:

Date of Birth: _____ Occupation: _____

Starting Date: _____

Name Youth Club/Project:

Details of previous voluntary role(s) and experience (if any):

Do you suffer from any illness/disability/medical condition that may at times affect your ability to work with young people? If yes, please give details:

Have you previously received any youth and/or community leadership training? If yes, please give details:

Please supply the name and contact details of two independent (non-relative, not employed by Clare Youth Service) referees who are well known to you and aware of your volunteer application (eg. Local Employer, Teacher, Garda, Clergy, Community Leader).

1) Name: _____ 2) Name: _____

Address: _____ Address: _____

Tel no: _____ Tel No: _____

Position: _____ Position: _____

I confirm that nothing within my personal or professional background deems me unsuitable for a post that involves working with children.

I declare that the above information is true and agree that I will abide with and accept the terms and conditions of voluntary participation.

I understand that Clare Youth Service require that all volunteers undergo a Garda check and that the relevant Garda Vetting form will be forwarded to me for completion.

(Clare Youth Service ensures complete confidentiality.)

Signed: _____ **Date:** _____