

**APPENDIX 3**

**CONFIDENTIAL APPLICATION FORM**

**ADULT VOLUNTEER <sup>1</sup>**

Diocese: ..... Parish: .....

Surname: ..... First Name: .....

Address: .....  
.....

Date of birth: ..... Tel. .... Email .....

**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 diocesan activity/ministry?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes  No

*If yes, please give details*

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**Do you have any spare time for hobbies, interests or activities?**

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**Any other relevant information?**

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**Is there any medical or other reason why you may be deemed unsuitable to carry out this work?**

Yes  No

*If yes, please give details*

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

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_ Tel. \_\_\_\_\_

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 participation.***

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

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<sup>1</sup> adapted from : Depart of Health & Children *Our Duty to Care: the Principles of Good Practice for the Protection of Children and Young People.* Dublin Stationary Office 2001 pp 41-42

