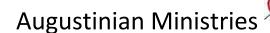




Person	al
Firs	t Name Surname
Add	dress
Ph	one Email Address
Backgr	ound
Wh	nat area of ministry do you wish to become involved in and why?
Ple	ase give details of any previous involvement in this ministry?
Plea	ase provide any other relevant information below (e.g. Safeguarding Training):
 Declara	ation
	re that I have completed this form truthfully and that, if approved, I agree:
-	To abide by and accept the Church's Safeguarding Policy and Practices;
_	To complete appropriate and on-going training as requested;
_	To uphold the Code of Behaviour for Adults involved in OSA Ministries &
-	To undergo Garda Vetting Clearance (where necessary).
Signed	:
Dated:	<del></del>
Notes:	
1.	
	occasional contact with them, additional information <u>must</u> be provided overleaf.
2.	The information contained on this form will be held and stored in accordance with Data



## Volunteer Application Form

## To be completed by those wishing to work directly with children/young people and/or those who will have occasional contact with them. (See OSA Vetting Policy). Please outline any previous work experience with children or young people: Please specify any relevant Child Safeguarding training you have completed to-date: Please provide the names and contact details of two people whom we can contact for a character reference (non-relative). Name (1) \_\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_ Name (2) \_\_\_\_\_\_ Address Phone \_\_\_\_\_ Email Address Relationship to Applicant: For Office Use: Date Application Form received: \_\_\_\_\_\_ By Whom? \_\_\_\_\_ Date(s) Referees Contacted: (1) \_\_\_\_\_\_ (2) \_\_\_\_\_ Follow-up Meeting with Applicant (When & Who?): Training Records: \_\_\_\_\_ Vetting Records: \_\_\_\_