



# Augustinian Ministries Volunteer Application Form

## Personal

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Background

What area of ministry do you wish to become involved in and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give details of any previous involvement in this ministry?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any other relevant information below (e.g. Safeguarding Training):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Declaration

I declare 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: \_\_\_\_\_

## Notes:

1. For those wishing to work directly with children or young people and/or those who will have occasional contact with them, additional information must be provided overleaf.
2. The information contained on this form will be held and stored in accordance with Data Protection legislation.



**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referees**

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: \_\_\_\_\_