



7. Have you worked with the Booterstown Parish before?

Yes  No

Committee: \_\_\_\_\_ Year \_\_\_\_\_

8. Please give details of any previous work or involvement with children or young people, either as a volunteer or in paid employment:

9. The following information is required to conform to Child Care Legislation and recommended Codes of Practice:

Have you ever been, or are you currently, the subject of any investigation, complaint or disciplinary procedure, caution, or awaiting the outcome of any pending prosecution?

Yes  No

Have you ever been convicted of a criminal offence, or been subject to caution or bound over against an individual or individuals?

Yes  No

Has an order ever been made against you in respect of a child in your care, which has been found to be in need of care, protection or control?

Yes  No

If yes, to any of the above, please give details:

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

10. Are you in good physical and mental health?

Yes  No

Over the past five years have you had any medical or other condition which could affect your ability or suitability to act as a volunteer / helper?

Yes  No

If "yes" please give details and list medication: -

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

11. Please list any other information that you feel might be useful (e.g. Special skills/talents, Qualifications, etc.)

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

Have you been a volunteer with any other Parish or organisation?

12. The information in this section will only be used in case of emergency: Please give name of home contact / next of kin:

NAME:

Tel:											

13. Have you applied for Parish Garda Vetting

Yes  No

14. I hereby declare that the details on this form are correct at the date given below.

Policy

I have read and understood the *Parish Child Protection Statement\** and I am suitable in every way to perform the work and duties of a volunteer\*.

I undertake to advise the Parish if any incident or occurrence arises, or is brought to my notice, between completion of this form and my participation in Parish activities, concerning matters referred to in Question 9 above.

I undertake to provide any further relevant information and advise the Parish Council of any changes after the date below in the information supplied on this form.

I agree not to be under the influence of alcohol or any other substance which might reduce the standards of care and behaviour required. I agree to comply with directions received from the Parish on these matters.

Signature: \_\_\_\_\_

Date

Day				Month				Year				
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