

CoAction West Cork Saturday Club 2011-2012

Name: _____

Address _____

Date of Birth _____

Phone: _____ Mobile: _____

PPS Number: _____

Brief Summary of Previous Voluntary and Work Experience:

Interests and Hobbies:

Please tick location preference:

Bantry Clonakilty Dunmanway Skibbereen

Do you have any health issues that could interfere with your
volunteering?

Any additional information you wish to give:

Have you ever been dealt with under the **Garda Juvenile Liaison** scheme?

Yes No

If yes give details:

Have you ever been dealt with under the **Garda Adult Liaison** scheme?

Yes No

If yes give details:

Were you ever the subject of an allegation or investigation in this or any other jurisdiction arising from a complaint or allegation of abuse of a child or other vulnerable person?

Yes No

If yes give details:

It is essential that you attend Sat. Club as arranged. Non-attendance will cause organisational difficulties for staff.

Your application must be accompanied by two references (non relative) - school principal /year head/ current or previous employer.

DECLARATION

I confirm that to the best of my knowledge the information given on this application is accurate and any false or misleading information submitted will render me liable to automatic dismissal.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Please return to:

The Volunteer Coordinator
CoAction West Cork
Slip
Bantry
Co. Cork
027-54027
027-50114
winnieosullivan@coaction.ie