



**SUMMER CAMP 2012**  
**CONFIDENTIAL VOLUNTEER APPLICATION FORM**

**PERSONAL DETAILS:**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth:

<i>Day</i>	<i>Month</i>	<i>Year</i>

P.P.S. Number: \_\_\_\_\_

Telephone number: Mobile: \_\_\_\_\_ Landline: \_\_\_\_\_

**WORK EXPERIENCE:**

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**INTERESTS AND HOBBIES:**

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**CAMP LOCATION:**

Please tick in order of preference:

Bantry  Beara  Clonakilty  Dunmanway  Skibbereen

- Camp generally runs from 10.00am to 3.00pm.
- This may vary depending on each day's programme.
- Camp days can vary in each area.
- **Volunteers must be 16 years of age or over.**

Please identify any dates in July you are **not** available to volunteer:

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- It is essential to complete a minimum of 9 **days** to qualify for attendance certificate.
- Non-attendance will cause organisational difficulties.



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

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Any additional information you wish to include:

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Have you ever been dealt with under the Garda Juvenile or Adult Liaison Schemes?

**YES**  / **NO**

If yes, please give details: \_\_\_\_\_

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Have you ever been investigated, charged or convicted of **any** criminal offence?

**YES**  / **NO**

If yes, please give details: \_\_\_\_\_

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**DECLARATION**

I confirm that to the best of my knowledge the information provided by me is accurate and any false or misleading information will render me liable to automatic dismissal.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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

*Please return completed form to: Volunteer Coordinator, CoAction West Cork, Slip, Bantry, Co Cork*