



**CoAction West Cork
SUMMER CAMP 2011
CONFIDENTIAL VOLUNTEER APPLICATION FORM**

PERSONAL DETAILS:

Full name: _____

Address: _____

Date of birth:

<i>Date</i>	<i>Month</i>	<i>Year</i>

 P.P.S. Number: _____

Telephone number: Mobile: _____ Landline: _____

WORK EXPERIENCE:

INTERESTS AND HOBBIES:

CAMP LOCATIONS:

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:

- It is essential to complete at least 10 days in camp to qualify for attendance certificate.
- Non-attendance can cause organisational difficulties.

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

Any additional information you wish to include:

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

If yes please give details: _____

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

If yes please give details: _____

DECLARATION

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

Signature of applicant: _____ Date: _____

Signature of Parent/Guardian: _____

Please have your application signed and stamped at your local Garda station:

Signature of Garda: _____

Date: _____

