

Confidential Application Form
Adult Volunteer

Diocese: **Parish:**.....

Surname: **First Name:**.....

Address:
.....

Tel. **Email**

Work experience

Have you previously been involved in voluntary work: **Yes** **No**
If yes, please give details

Why do you want to get involved with this diocesan/parish activity/ministry?

Have you previously received any training for working with children or young people?

Yes No

If yes, please give details

Is there any medical information we need to be aware of?

Any other relevant information?

Please provide the names and addresses of two people whom we could contact for a reference (not relatives)

Name	Name
Address	Address
Tel	Tel
E-Mail	E-Mail

I declare that the above information is true and that I am fit to serve as a volunteer with this parish ministry/activity. I agree to abide by and accept the terms and conditions of participation.

Signed: _____ Date: _____

For Office Use

Date: form received _____

Date: Ref forms sent _____

Date: Ref 1 returned _____ Date: Ref 2 returned _____

Invited to take up position: yes no

Signed _____ Date _____