

CONFIDENTIAL APPLICATION & DECLARATION FORM

PARISH STAFF & VOLUNTEERS

Parish:.....

Name: _____

Any previous name: _____

Address: _____

Telephone Number: _____

Email: _____

Details of previous experience/ training/involvement in volunteering

Please provide the names and addresses of two people whom we can contact to confirm your suitability for this position (not relatives)

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

For those working directly with children and/or vulnerable adults:

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

Yes No

If yes, please give details

Do you suffer from any illness/disability/medical condition that we should be aware of so as to ensure your safety as a volunteer.

Yes No

If yes, please give details

Declaration form for parish staff & volunteers

Confidential

Do you have any prosecutions pending or have you ever been convicted of a criminal offence relating to the abuse or harm of children or vulnerable adults?

Yes No

Have you been ever been investigated by the civil authorities for alleged offences against children or vulnerable adults?

Yes No

If yes to either of the above, please give details including dates below.

Details: _____

Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children or vulnerable adults?
(Please tick)

Yes No

If yes, please give details including date(s) below:

Archdiocese of Dublin

I understand that, if it is found that I have withheld information or included any false or misleading information above, I may be removed from my post whether paid or voluntary, without notice. I understand that the information will be kept securely by the Church organisation.

I hereby declare the information I have provided is accurate.

Signed: _____ Date: _____

For Parish Office Use Only

References Checked: Phone ___ Letter ___ Visit ___

Checked By: _____ (printed)

References Location: _____

Date volunteer details placed on Parish Register: _____

Signed:

Date:

Data protection

This form will be held on file in accordance with the data protection policy of _____ (insert name of Church body). The data entered will be used only for the purpose indicated on this form. It may only be accessed by those who have responsibility for managing files or activities.

Your personal information is very important and we manage it in line with current data protection legislation. You can view the full CSPA Data Privacy notice under Policy Documents at www.csps.dublindiocese.ie