



**Waterford & South Tipperary Community Youth Service**

**VOLUNTEER APPLICATION FORM**

1. Name (Mr/Mrs/Ms): \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

3. Date Of Birth: \_\_\_/\_\_\_/\_\_\_ Place of birth: \_\_\_\_\_

4. Occupation: \_\_\_\_\_

5. Please outline why you wish to become a youth leader: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please give details of any youth training/ any previous experience in youth activity / clubs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Do you suffer from any illness / disability / medical condition which may at times affect your ability to work with young people? If so please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Times available (Please indicate the times when you would be available):

Daytime	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

9. Please supply the name, address, telephone numbers and position of two people (non-relative), who know you well and can provide us with a reference:

<b>Referee 1.</b>	
Name:	Address
Telephone:	Email:
Mobile:	

<b>Referee 2.</b>	
Name:	Address
Telephone:	Email:
Mobile:	

**FOR GROUP / OFFICE USE ONLY**

Checked by phone: \_\_\_\_\_ Visit:: \_\_\_\_\_ Letter: \_\_\_\_\_

Checked By: \_\_\_\_\_

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