

## VOLUNTEER APPLICATION FORM

NAME:

ADDRESS:

PHONE NO:

DATE OF BIRTH:

1. Please outline why you wish to become a volunteer with Youth Work Ireland Cavan Monaghan:

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2. Please give details of any training or previous experience/involvement with youth clubs/groups:

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3. 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

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4. Please indicate the day(s) and times of when you will be available to volunteer:

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5. Please supply the name of two independent referees (non relative) e.g. local employer, teacher, Garda etc:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

Tel No. \_\_\_\_\_

## Declaration

I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with young people. I declare that the above information is true and agree that I will abide and accept the terms and conditions of membership/participation with Monaghan Youth Federation.

Signed: \_\_\_\_\_

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