

Appendix B



VOLUNTEER APPLICATION FORM

Name: _____

Any other name previously known as: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Gender: _____

Telephone Number: _____ Mobile Number: _____

E-mail Address: _____ Occupation: _____

What are your reasons for becoming a volunteer in Cabra for Youth Ltd?

Do you have any experience of volunteer work? If yes, please give details:

Please give details of youth training/any previous experience/involvement in youth activities / clubs:

Do you have specific experience working with young people at risk?

What skills or hobbies do you have which you feel might be useful as a voluntary youth worker?

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:

Status:

Are you: (Please tick)

Employed

Unemployed

Student

Retired

Other (please specify) _____

Please indicate the time/s you would be available?

	All Day	Morning	Afternoon	Evening
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Referees

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

Name: _____

Address: _____

Job Title: _____

Tel: _____

Name: _____

Address: _____

Job Title: _____

Tel: _____

Declaration (Confidential):

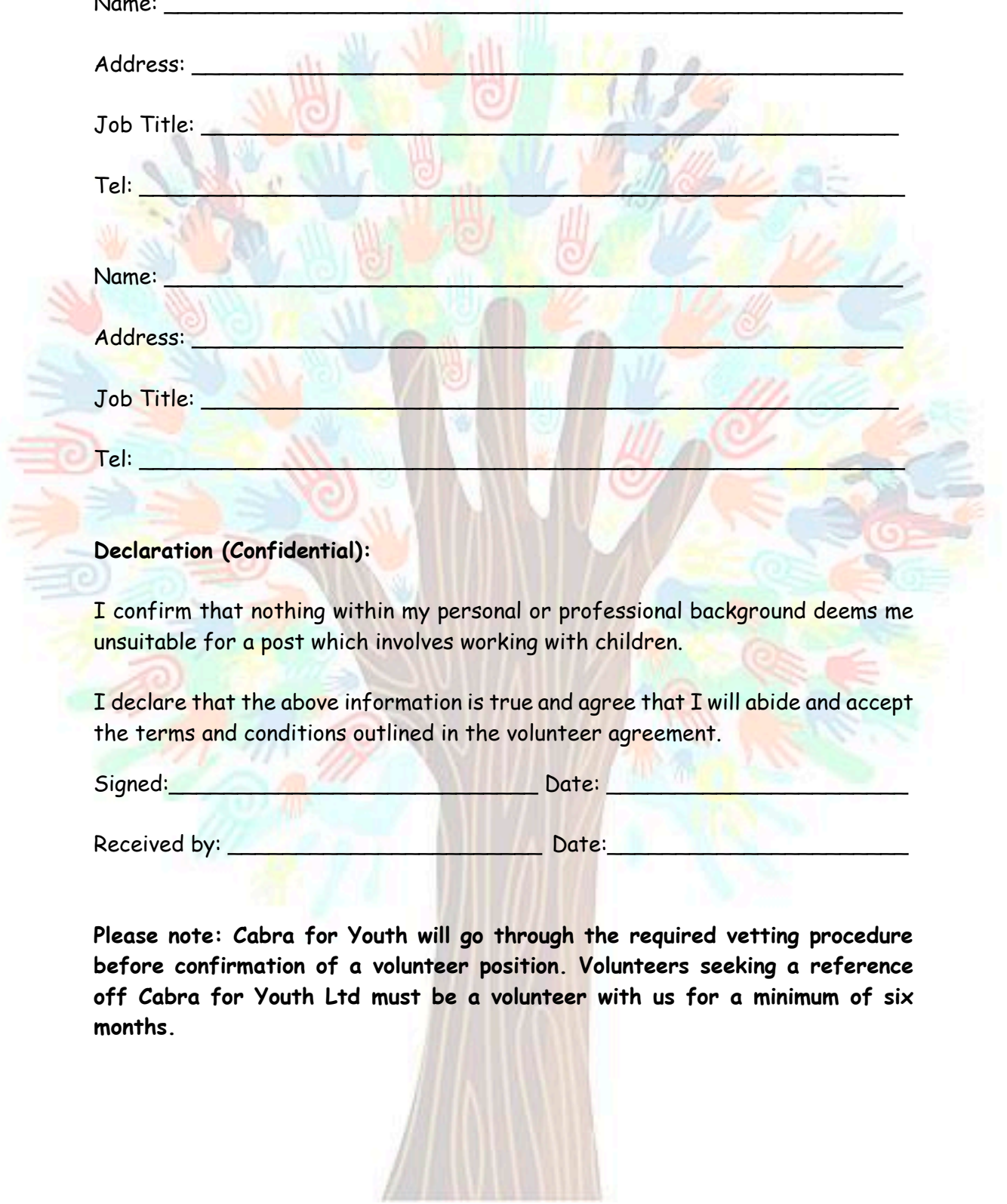
I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with children.

I declare that the above information is true and agree that I will abide and accept the terms and conditions outlined in the volunteer agreement.

Signed: _____ Date: _____

Received by: _____ Date: _____

Please note: Cabra for Youth will go through the required vetting procedure before confirmation of a volunteer position. Volunteers seeking a reference off Cabra for Youth Ltd must be a volunteer with us for a minimum of six months.



Appendix C

CABRA for Youth Volunteer Reference Form

Dear _____ of

has expressed an interest in becoming a volunteer with Cabra for Youth Ltd, and has given your name as a referee.

We would be very grateful if you could take the time to complete this form. All information contained on the form will remain absolutely confidential and will only be shared with the applicant's immediate supervisor, should they be offered a volunteer position with Cabra for Youth. We would appreciate you being candid in your evaluation of this applicant.

How long have you known this person?

In what capacity do you know this person?

Ratings: *Low 1-2*

Average 3-4

High 5-6

How would you rate this person in relation to their responsibilities?

Rating

Adaptability: (ability to learn something new)

Comment

Reliability:

Comment

Initiative: (ability to use initiative within limits of role)

Comment

Ability to work in a team:

Comment

Ability to work to a prescribed programme:

Comment

Ability to work under direction:

Comment

Timekeeping:

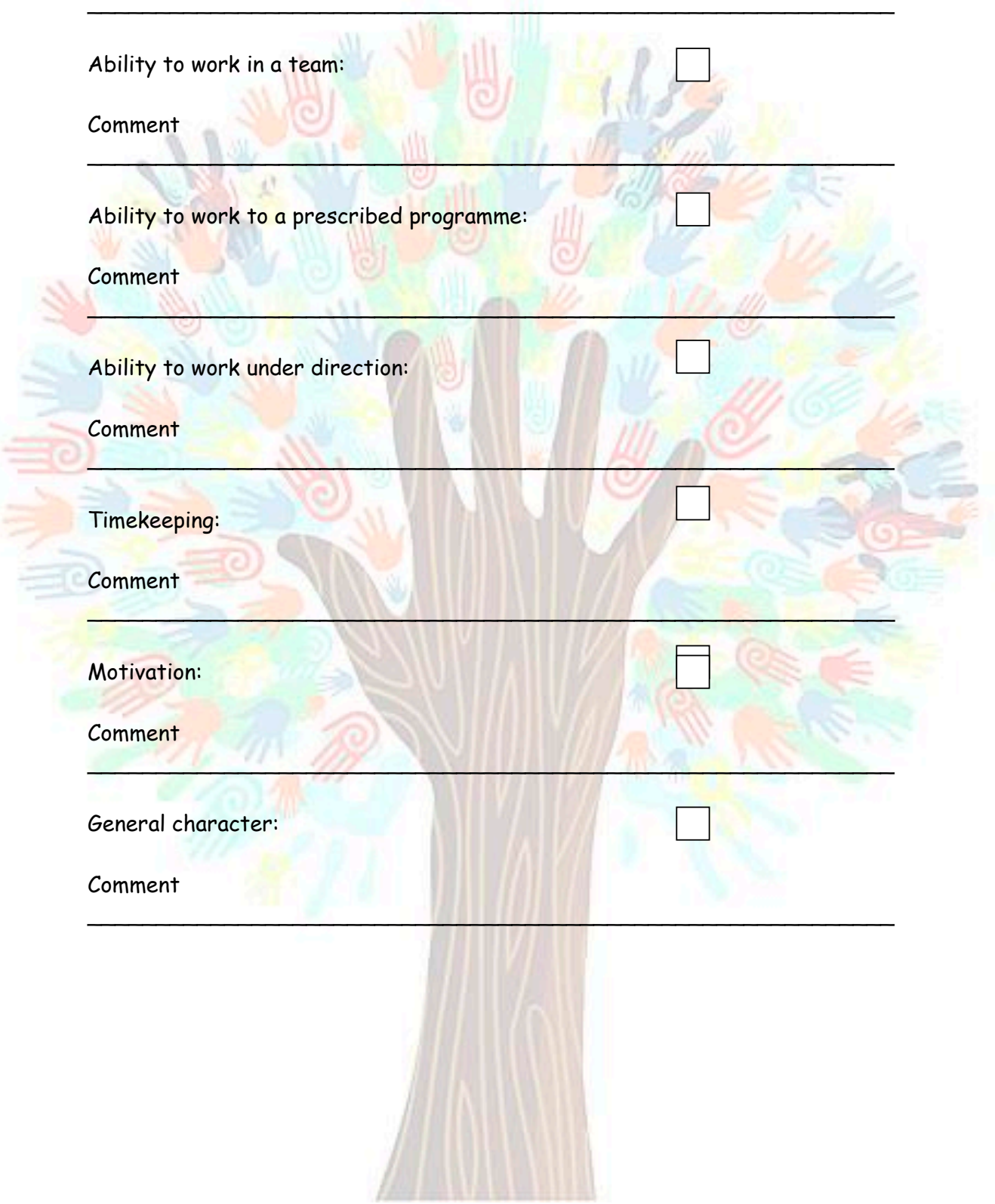
Comment

Motivation:

Comment

General character:

Comment



As an organization committed to the welfare and protection of young people, we would be very much obliged if you would indicate below if you are aware of any reason as to why this applicant is not a suitable person to be working with young people.

Please tick: Yes No

If you have answered 'Yes,' we will contact you in confidence

Signed: _____

Date: _____

Organisation: _____

Position held: _____

Address: _____

Contact number: _____

Thank You

Cabra for Youth CLG

