

CARA HOUSE FAMILY RESOURCE CENTRE

BEFRIENDING VOLUNTEER APPLICATION

NAME:	
ADDRESS:	
DATE OF BIRTH (must be 18+):	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
PLEASE OUTLINE ANY PREVIOUS EXPERIENCE OF VOLUNTARY WORK	
MAIN INTERESTS/HOBBIES	
PLEASE INDICATE WHEN YOU WOULD BE AVAILABLE TO VOLUNTEER WITH THE BEFRIENDING SERVICE (DAYS/TIMES)	
PLEASE PROVIDE NAMES AND ADDRESSES OF TWO REFEREES	
NAME:	NAME:
ADDRESS:	ADDRESS:
Telephone:	Telephone:

DECLARATION FORM

I _____ hereby declare that there is no reason known to me and there are no convictions, claims or complaints (past or pending) against me that would deem me to be unsuitable to work with older people and/or vulnerable adults and carry out my role within the befriending service managed by Cara House Family Resource Centre.

Should any criminal charges be made against me, whilst I am associated with Cara House Family Resource Centre, I undertake to immediately inform the chairperson.

I understand that making a false declaration would be grounds for terminating my voluntary work with Cara House Family Resource Centre.

I give permission to Cara House Family Resource Centre to conduct Garda Vetting via the family resource Garda vetting unit.

Signed:

Date:

* Garda vetting must be completed prior to any home visits conducted on behalf of Cara House Family Resource Centre. Vetting must be obtained from any country in which you have resided for 12+ months.