

Parish of .....

# Volunteer Application Form

CHILDREN AND YOUNG PEOPLE



## TO BE COMPLETED BY THE APPLICANT

### CONTACT DETAILS

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ M/F: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

CONTACT No: \_\_\_\_\_ CONTACT E-MAIL: \_\_\_\_\_

PREVIOUS NAME (IF DIFFERENT TO ABOVE)? \_\_\_\_\_

### EXPERIENCE

PLEASE HIGHLIGHT ANY EXPERIENCE OF WORKING WITH CHILDREN AND/OR YOUNG PEOPLE IN A PAID OR VOLUNTARY CAPACITY. GIVE OUTLINE DATES IF POSSIBLE.

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### LEADERSHIP ROLE

PLEASE OUTLINE THE GROUP(S) AND LEADERSHIP ROLE(S) YOU WOULD LIKE TO UNDERTAKE AS A LEADER

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WHY DO YOU WANT TO UNDERTAKE THIS ROLE(S)?

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### OTHER INFORMATION

PLEASE OUTLINE ANY OTHER INFORMATION RELEVANT TO THIS ROLE (e.g. Medical conditions or allergies)

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**REFERENCES**

Please provide the names and addresses of two people who we could contact for a reference (not relatives).

**(1) FIRST REFEREE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**(2) SECOND REFEREE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**DECLARATIONS**

The Church has a policy on the recruitment of ex-offenders which is available from a member of the parish panel on request.

Have you ever been convicted of a Criminal offence or been the subject of a caution or bound over order? **YES NO**

If yes, please list below the nature and date(s) of the offence.

**NATURE OF OFFENCE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I consent to AccessNI Vetting being undertaken for the role for which I have applied. **YES NO**

I confirm that nothing in my personal or professional background deems me unsuitable for a post, which involves working with children **YES NO**

I acknowledge that I have read sections 4-7 of Safeguarding Trust Policy and declare I will uphold this policy in the role(s) I have applied for. (An up-to-date copy of the policy can be found on <https://www.ireland.anglican.org/about/safeguarding/>) **YES NO**

I shall uphold the requirements of the role and exercise a duty to care for any children in my charge. **YES NO**

**General Data Protection Regulation (GDPR):**

*We are committed to protecting your personal information. By completing and signing this form you are confirming that you are consenting to the parish holding and processing your personal data, including training for the purpose of contacting you by post, phone or electronically with regard to church activities. If you have any questions about how we process your personal data contact a member of the Select Vestry.*

**NAME (print):** \_\_\_\_\_

**TRAINING DECLARATION**

*If you have not undertaken any Safeguarding Trust training please leave this section blank.*

I have attended training which has introduced me to the Church of Ireland Safeguarding Trust and the recommended procedures to be followed when working with children have been explained to me.

**DATE OF TRAINING:** \_\_\_\_\_ **VENUE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**NEXT STEPS**

*Please return this form to a member of the Parish Panel, they will contact you to arrange an informal interview.*

*With this application form you should have received an **AccessNI application pack**. Please complete the instructions on this in regard to AccessNI vetting and bring the form (and supporting document originals) to the interview.*

***Please note that a leadership role can only be undertaken once the Parish Panel have formally approved it.***

Parish of .....

## Volunteer Application Form



**\*\*\*TO BE COMPLETED BY THE PARISH PANEL \*\*\***

**NOTES:**

- *Furnish the applicant with an AccessNI application pack which can be found at <https://safeguarding.ireland.anglican.org/access-ni/>*
- *Interviews for AccessNI checks do not need to be done again if a volunteer has been vetted before for the parish and continued to work in parish activities. However, should you wish to do checks again for long-serving volunteers this is at your discretion and should take place in the context of a new interview.*
- *If a break of 6 months or more occurs in any volunteer's service, then a new interview and vetting process should be undertaken.*

**REFERENCES:**

REFERENCE (1) RECEIVED: YES / NO

REFERENCE (2) RECEIVED

YES / NO

REFERENCE (1) FOLLOWED UP: YES / NO

REFERENCE (2) FOLLOWED UP:

YES / NO

**APPLICATION FORM:**

DATE APPLICATION FORM RECEIVED: \_\_\_\_\_ FORM COMPLETE? YES / NO

**PANEL INTERVIEW:** *(Or refresher interview if the volunteer has been in the role previously)*

PANEL MEMBER (1) \_\_\_\_\_

PANEL MEMBER (2) \_\_\_\_\_

PANEL MEMBER (3) \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

**RECOMMENDATION** (circle):      APPROVED /      NOT APPROVED /      DEFERRED

**NOTES:**

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**ACCESSNI VETTING:**

PLEASE COPY THE 10 DIGIT ACCESSNI REFERENCE NUMBER FROM THE APPLICANT'S VALIDATION FORM

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**CONFIRMATION THAT THE ORIGINALS OF IDENTITY DOCUMENTS HAVE BEEN RECEIVED & COPIED**

*(These should be as per the document guidance and named in the section below. Most applicants will only need 3 documents. A copy of the original identity documents should be taken, and sent to the Church of Ireland AccessNI administrator along with the applicant's original AccessNI application pack.*

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_  
*(If necessary)*

DATE: \_\_\_\_\_

SIGNATURE(INCUMBENT): \_\_\_\_\_

**VETTING CLEARANCE:**

*Once the vetting process has taken place the applicant will be issued with a digital AccessNI certificate, that they may share with you online, or a physical certificate that they may show you in person. Volunteers should not be undertaking any work until this is received.*

*Please note below the date of receiving the certificate. If any information to debar appointment is shown please contact the Church of Ireland Safeguarding Officer.*

DATE ACCESSNI VETTING  
DISCLOSURE RECEIVED: \_\_\_\_\_

DATE ON THE  
CERTIFICATE: \_\_\_\_\_

ANY INFORMATION TO DEBAR APPOINTMENT?

YES / NO

**DECISION NOTIFIED** (circle):

**APPOINTED**

**NOT APPOINTED**

**COMMENCEMENT IN ROLE**

*(Date volunteer can start their work)*

DATE: \_\_\_\_\_

**TRAINING:**

*(Safeguarding Trust training must be completed within 12 months of appointment)*

TRAINING DATE: \_\_\_\_\_

VENUE: \_\_\_\_\_