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Application Form for Volunteers

CONFIDENTIAL

Home-Start _____

| | | |
|--|-----------------------------|---|
| Name | | |
| Address including Postcode | | |
| If you have been at this address less than 2 years, please give previous address | | |
| Home Telephone No | Mobile No | |
| Nationality | Ethnic origin if applicable | |
| Religion | | |
| Names of children | Age of children | Please give information about your parenting experience/challenges: |
| | | |

REFERENCES; Please give the name and address of two referees (not a relative) who may be contacted by Home-Start

| Referee 1 | Referee 2 |
|---------------|---------------|
| Name: | Name: |
| Address: | Address: |
| Telephone No: | Telephone No: |

| | | | | | | | |
|--|-----|-----|----------|------|-----|-----|-----|
| Language spoken | | | | | | | |
| What is the minimum time you could offer to Home-Start as a volunteer on a regular weekly basis? | | | | | | | |
| | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |
| What type of transport would you use? | | | | | | | |
| If car – do you have a clean driving licence? | | | Yes / No | | | | |
| Please give details of any voluntary/paid work you have done, particularly with children and families: | | | | | | | |
| Have you any commitments which could affect your work with Home-Start e.g. part time work? | | | | | | | |
| What are your hobbies and leisure interests? | | | | | | | |

Have you any skills or personal experiences, which may be relevant to your work as a volunteer for Home-Start?

How did you hear of Home-Start?

Why would you like to become a Home-Start Volunteer?

Is there any other information you would like to add?

CONFIDENTIAL

Home-Start_____

As volunteers are in a privileged position visiting families in their own homes and have contact with young children, Home-Start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

| |
|---|
| Name: |
| Have you had any personal contact with Social Services/Social Work Department of Barnardos in connection with children in your care? No Yes / |
| Do you have any medical condition (physical or mental) that could affect your work as a volunteer? No Yes / |
| Have you ever been dismissed from any paid or voluntary work? No Yes / |
| Have you ever been convicted of any criminal offence? No Yes / |
| Are there any matters outstanding which may lead to a criminal prosecution? No Yes / |
| If you answer yes to any question please give details: |

I have no reason why I would be unsuitable to be a Home-Start Volunteer

Signed: _____

Date: _____