

**LEIXLIP YOUTH AND COMMUNITY CENTRE  
NEWTOWN HOUSE,  
CAPTAINS HILL, LEIXLIP  
TEL NO 01 6247435**

**VOLUNTEER APPLICATION FORM**

**Dear Volunteer,**

Thank you for your interest in becoming a Volunteer with **Leixlip Youth and Community Centre**. Any help you can give is greatly appreciated by both the Board of the Centre and by the beneficiaries of your assistance, the youth & community of Leixlip.

Due to the fact that the majority of the help we need is in running the Youth Clubs/Youth Café and that child protection is a paramount aim of the LYPG Board, there are two documents that you must be complete prior to you being involved in any centre activity–

1. **Volunteer Application Form** – Please complete this form and hand/post it to the Administrator at the address above.

**PLEASE ATTACH A PASSPORT TYPE PHOTOGRAPH**

2. **Garda Vetting Application Form** – Please complete this form and enclose it in the envelope provided. This ensures confidentiality as the addressee is the sole person designated by the LYPG Board to oversee such applications.

If you need any assistance in completing either form, please do not hesitate to contact us. Once the applications are received, we will contact you to discuss your availability, etc.

All volunteer appointments will be subject to a satisfactory informal interview.

**Many thanks on behalf of the Youth & Community of Leixlip.**

**LEIXLIP YOUTH PREMISES GROUP LTD.**

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**VOLUNTEER APPLICATION FORM**

**Confidential**

**This Application is designed so that your time, skills and experience are used to best advantage for You and the Youth and Community Centre.**

**PLEASE ATTACH A PASSPORT TYPE PHOTOGRAPH**

**PLEASE COMPLETE THE ATTACHED GARDA VETTING APPLICATION FORM**

1. Name (Mr/Mrs/Ms) \_\_\_\_\_
2. Any other name previously know as \_\_\_\_\_
3. Address \_\_\_\_\_  
\_\_\_\_\_
4. Phone Number \_\_\_\_\_ Email \_\_\_\_\_
5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_
6. Occupation \_\_\_\_\_
7. **Contact Person (name/address/tel no) in case of emergency**  
\_\_\_\_\_
8. Please outline why you wish to become a volunteer(use an additional page if necessary): \_\_\_\_\_  
\_\_\_\_\_
9. Please give details of any previous experience of involvement in Community Development, Youth activity/clubs, other organisations/groups.  
\_\_\_\_\_  
\_\_\_\_\_
10. Please outline any particular skills or relevant experience (other than at 8 above) you possess that may benefit the Centre e.g. crafts,etc (**use an additional page if necessary**)  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you suffer from any illness/disability/medical condition which may at times affect your ability to work in the Centre? If so, please give details.  
\_\_\_\_\_  
\_\_\_\_\_

**LEIXLIP YOUTH PREMISES GROUP LTD.**

12. Have you ever come to the notice of An Garda Síochana?

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Non disclosure and/or conviction of certain offences disqualify you for suitability as a Volunteer with LEIXLIP YOUTH PREMISES GROUP Ltd.

**PLEASE COMPLETE THE ATTACHED GARDA VETTING APPLICATION FORM**

13. Please indicate what times you would be available:

Daytime	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

14. What would you expect as a Volunteer from the Centre

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**15. Referees.** Please provide two independent referees from two persons who you know (not related to you) and can provide us with a reference:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Position \_\_\_\_\_ Position \_\_\_\_\_

**16. Declaration (Confidential)** I declare that nothing within my personal or professional background deems me unsuitable for Volunteering at the Centre including the supervision of children and that the above information is true and I agree that I will abide by and accept the terms and conditions of being a volunteer.

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

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

R. April 2013

**LEIXLIP YOUTH PREMISES GROUP LTD.**

**NOTE:**

- 1. PLEASE ATTACH A PASSPORT TYPE PHOTOGRAPH**
- 2. PLEASE COMPLETE THE ATTACHED GARDA VETTING APPLICATION FORM**

<p><b>For LYPG Ltd Office use only</b></p> <p>Checked by phone _____ Visit _____ Letter _____</p> <p>Checked by: _____</p> <p>Garda Vetting Application Form Received: Yes/No _____ Initials _____</p> <p>Date: _____</p> <p>Garda Vetting Clearance : Yes/No _____ Initials _____ Date _____</p>
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R. April 2013

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