



## **Diocese of Cloyne**

**Name of Parish**

**Job Description**

**Title/ name of role:**

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**Type of work/activity:**

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**Specific additional duties (if any)**

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**Time/Schedule:**

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**The role involves direct work with children?**

**Yes**\_\_\_\_ **No** \_\_\_\_

**The role involves incidental contact with children?**

**Yes**\_\_\_\_ **No**\_\_\_\_

**The role involves ministry to vulnerable persons including the elderly?**

**Yes** \_\_\_\_

**No**\_\_\_\_

**Additional relevant information:**

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**FORM 2 Confidential Application Form:  
Adult Volunteer**

Name of Parish \_\_\_\_\_

**Applicant's Name**

First \_\_\_\_\_

Middle \_\_\_\_\_

Surname \_\_\_\_\_

Title (Mr/Mrs/Miss/Ms \_\_\_\_\_)

Name(s) formerly known by (if any):

\_\_\_\_\_  
\_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Contact details**

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

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

**E-mail address:** \_\_\_\_\_

**Work Experience**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously been involved in voluntary work Yes\_\_\_\_ No\_\_\_\_

If Yes please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously received training for working with children or young people?

Yes \_\_\_\_ No\_\_\_\_

If Yes give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional information**

Any other relevant information that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any medical information that we need to be aware of** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referees: Names and contact details of two people (who are not your relatives) whom we could contact for a reference.**

**Referee 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

**Referee 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

I declare that the above information is true and that I am fit to serve as a volunteer with this parish ministry. I agree to abide by and accept the terms and conditions of participation

Signed \_\_\_\_\_

Date \_\_\_\_\_

## FORM 4: DECLARATION

The recruitment procedure in the Catholic Diocese of Cloyne requires all applicants for positions in Church life or activity, to complete and sign this declaration form:

**Q. 1 Do you have any prosecutions pending or have you ever been convicted of a criminal offence or been the subject of a Caution or of a Bound Over Order?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please state below the nature and dates of the offences:**

**Date of offence** \_\_\_\_\_

**Nature of Offence** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q. 2 Have you ever been subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behavior towards a child?**

Yes \_\_\_\_\_ No \_\_\_\_\_

### Declaration

I understand that, if I have withheld information or included any false or misleading information above, I may be removed from my post whether paid or voluntary, without notice. I understand that the information will be kept securely by the

**Date Application form received** \_\_\_\_\_

**Date reference forms sent** \_\_\_\_\_

**Date reference 1 verbally checked** \_\_\_\_\_

**Date reference 2 verbally checked** \_\_\_\_\_

**Is garda vetting required? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Date garda vetting outcome received** \_\_\_\_\_

**Referees must be advised regarding extent of contact (if any) with childre**

**If yes please give details including dates**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Details (PEASE PRINT)**

**Full Name**

\_\_\_\_\_

**Name(s) formerly known by (if any)**

\_\_\_\_\_

**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_

Church organisation and I hereby declare that the information I have provided is accurate.

Signed \_\_\_\_\_

Date \_\_\_\_\_.

### For Office Use Only

**Date invited to take up position** \_\_\_\_\_

**Date of appeal lodged by applicant against decision not to employ** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Role :**

**FORM 3 CONFIDENTIAL Character and Personal Reference**

Name of Parish \_\_\_\_\_

To: \_\_\_\_\_

Dear \_\_\_\_\_

Your name has been given to us by \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_, who has applied for the position of \_\_\_\_\_ in our parish and I would be grateful if you would complete the questionnaire below and return it using the enclosed s.a.e.

Yours sincerely,

\_\_\_\_\_ Date \_\_\_\_\_

**Questionnaire**

Q. 1 How long have known the applicant? \_\_\_\_\_

Q2. In what capacity do you know the applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q.3 Please list some of the applicant's skills and qualities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. 4 Do you without reservation recommend the applicant for the position for which they have applied.

Yes \_\_\_\_\_ No \_\_\_\_\_

Q5 Any additional information that you wish to give:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_