



CONFIDENTIAL:

## FDYS Volunteer Affiliation Form

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1. **Name**

(Mr / Mrs / Ms)

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2. **Address**

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Tel No (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

3. **Date of Birth**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. **Occupation**

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5. **Please outline why you wish to become a Youth Leader?**

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6. **Please give details of Youth Training / any previous experience / involvement in Youth Activity / Clubs**

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7. **Name of Youth Club/Project Other you wish to volunteer in:**

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**Please turn over:**

**CONFIDENTIAL:**

Please provide NAME, ADDRESS and TELEPHONE NUMBERS of TWO REFERENCES, Not immediate Family.

Referees should be Present / Former Employers and organisations you have been involved with either on a voluntary or paid capacity.

**IT IS IMPORTANT TO SEEK PERMISSION BEFORE USING THEIR NAME.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Position: \_\_\_\_\_

Position: \_\_\_\_\_

*I declare that the above information is true and I agree that I will abide and accept the terms and conditions of membership. Also there is no reason why I am unsuitable to work with young people to the best of my knowledge.*

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

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

**THANK YOU FOR COMPLETING THIS FORM.**

**FDYS Ltd, Francis Street, Wexford – Tel. No: (053) 91 23262**

FOR OFFICE USE ONLY

CHECKED BY

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

VISIT: \_\_\_\_\_

LETTER: \_\_\_\_\_

CHECKED BY \_\_\_\_\_

DATE \_\_\_\_\_