

# Scripture Union Republic of Ireland Application Form for Volunteering (Confidential)



Please complete this form as fully as possible using BLACK INK and BLOCK CAPITALS.

## Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forename(s)  
\_\_\_\_\_

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

Tel No: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Address: (if different from above)  
\_\_\_\_\_  
\_\_\_\_\_

Tel No : \_\_\_\_\_ ( use this address from \_\_\_\_\_ to \_\_\_\_\_ )

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ MALE / FEMALE

Name of Local Church \_\_\_\_\_

Denomination \_\_\_\_\_

## Volunteer Position(s) of Interest

Please tick the volunteering positions which interest you most.

International

Bookshop

Fund Raising

Prayer

Catering

Maintenance

Speaker

Church

Youth

Camps/CSSM  (please note you will be required to complete a separate form for this position)

## Referee

Please give the names and address of a Christian Leader who knows you well.

Name: \_\_\_\_\_ Position in Church: \_\_\_\_\_

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

Tel No:(Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact

*In case of an accident or emergency during your time volunteering with SU, please provide the details of a suitable emergency contact. (NB this should be someone who will not be volunteering at the same time as you.)*

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

\_\_\_\_\_ Relationship to you: \_\_\_\_\_

Tel :( Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## General Information

Please list any relevant training you have gained in the past year or skills you bring:

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Explain briefly how God has worked in your life in the past year:

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## Health and Safety Issues

If you answer "Yes" to any of these questions please add some supplementary details as you feel appropriate on an extra page. This won't necessarily exclude you from joining a team.

Do you have any current or spent criminal convictions or cases pending? No  Yes

Do you have any medical conditions or allergies? No  Yes

Are you currently receiving any medical treatment? No  Yes

Have you had treatment or counselling for depressive illness in the past 3 years? No  Yes

Do you have any special needs or disabilities? No  Yes

## Declaration

(Copies of SU's Aims and Belief and Child Protection Policy are available at the website [www.scriptureunion.ie](http://www.scriptureunion.ie))

(i) I have read the Scripture Union Statement of Aims and Belief;

(ii) I have read and agree to comply with SU's Child Protection Policy;

(iii) I will seek to maintain the unity of the volunteer team, being willing to put aside my denominational / church preferences and practices where necessary;

(iv) I have completed all sections of the form truthfully.

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



**Return to: Scripture Union 87 Lower George's Street Dun Laoghaire Co  
Dublin**