



Anam Croí
The heart and soul of Claregalway

VOLUNTEER FORM

OFFICE USE ONLY	Date Received	
	Received by (<i>signature</i>)	
	Garda vetting required (<i>yes/no</i>)	
	Garda vetting submitted (<i>date</i>)	
	Garda vetting outcome	
	Start date	
	Induction pack issued (<i>date</i>)	
	Leave date	

Name:

Tel No (*Home*):

Email:

Address (*please include Eircode*):

Please indicate in which area you would be interested in volunteering:

Area:

Any Qualification held:

Caring/working directly with people

Kitchen/housekeeping

Gardening

House Maintenance

Driving

(*D Licence only for Day Centre*)

Charity Shop

Charity Shop Furniture Delivery

(*copy licence req*)

Would you be willing to undergo training, if necessary:

Yes

No


Signature:

Date:

 091 739385 | 086 445 8989

 info@anamcroi.ie

Please return form to:

 Gort na Creige, Cregboy,
Claregalway, H91 XR7R





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GARDA VETTING FORM

Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

Miscellaneous

- The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.
- The Form should be completed in ball point pen.
- Photocopies will not be accepted.
- All applicants will be required to provide documents to validate their identity by submitting
 1. Proof of Identity (*copy of passport, driver's licence, public services card, etc.*)
 1. Proof of Address (*recent utility bill, Public Services Card, etc.*)
- If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

Personal Details

- Insert details for each field, allowing one block letter per box.
- For Date of Birth field, allow one digit per box.
- Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.
- Please allow one digit per box for your contact number.
- The Current Address means the address you are now living at.
- The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

Role Being Vetted For

The role being applied for must be clearly stated. Generic terms such as "Volunteer" will not suffice.

Declaration of Application

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.



Your Ref:

Vetting Liaison Person
Volunteer Galway
27 William Street
West Galway

Form NVB 1

Vetting Invitation

Section 1 – Personal Information

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s):	<input style="width: 100%; height: 30px;" type="text"/>																				
Middle Name:	<input style="width: 100%; height: 30px;" type="text"/>																				
Surname:	<input style="width: 100%; height: 30px;" type="text"/>																				
Date Of Birth:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">D</td><td style="width: 15%;">D</td><td style="width: 10%;">/</td><td style="width: 15%;">M</td><td style="width: 15%;">M</td><td style="width: 10%;">/</td><td style="width: 15%;">Y</td><td style="width: 15%;">Y</td><td style="width: 15%;">Y</td><td style="width: 15%;">Y</td> </tr> <tr> <td colspan="10"><input style="width: 100%; height: 30px;" type="text"/></td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	<input style="width: 100%; height: 30px;" type="text"/>									
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<input style="width: 100%; height: 30px;" type="text"/>																					
Email Address:	<input style="width: 100%; height: 30px;" type="text"/>																				
Contact Number:	<input style="width: 100%; height: 30px;" type="text"/>																				
Role Being Vetted For:	<input style="width: 100%; height: 30px;" type="text"/>																				
Current Address:																					
Line 1:	<input style="width: 100%; height: 30px;" type="text"/>																				
Line 2:	<input style="width: 100%; height: 30px;" type="text"/>																				
Line 3:	<input style="width: 100%; height: 30px;" type="text"/>																				
Line 4:	<input style="width: 100%; height: 30px;" type="text"/>																				
Line 5:	<input style="width: 100%; height: 30px;" type="text"/>																				
Eircode/Postcode:	<input style="width: 100%; height: 30px;" type="text"/>																				

Section 2 – Additional Information

Name Of Organisation:

I have provided documentation to validate my identity as required *and*
 I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box

Applicant's Signature:

Date:

D	D
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M	M
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Y	Y	Y	Y
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Note: Note: Please return this form to the above named organisation.
 An invitation to the e-vetting website will then be sent to your Email address.