

OUTREACH MOLDOVA



Volunteer Application Form

2012

Many thanks for your interest in volunteering with Outreach Moldova (ORM) in the Republic of Moldova. The application process is quite simple and requires you to complete this application form and return it to us at the following address:

**Outreach Moldova (ORM)
Suite 104, DMG House,
Deansgrange Business Park,
Deansgrange,
Co. Dublin,
Ireland.**

Once we receive your application, we will process it immediately. Incomplete applications may result in a processing delay. Please ensure you fill the entire form in block capitals. You may contact us at any time for an update on the status of your application. Please keep a copy for your own files.

The application itself consists of 5 sections:

- 1) General Information
- 2) Details of the Summer Programme
- 3) Medical Certificate*
- 4) Volunteer Agreement Form
- 5) Garda Vetting application Form

*Note: Section (3) must be filled in by your registered GP and returned with this form

We look forward to receiving your application and if there are any outstanding questions, please do not hesitate to contact us by email on moldova@ireland.com or directly by phone: (01) 2190268

Please find the dates for all the 2012 volunteer groups in the table below. Please note that these are provisional dates but they may change slightly at the discretion of the airlines.

Group	Day Arrive	Date Arrive	Day Leave	Date Leave	Max Nr	Nr of Days	Min target for funds
APRIL							
1*	Monday	9 th April	Saturday	14 th April	22	6	1500
MAY							
2	Wednesday	23 rd May	Friday	1 st June	27	10	2200
JUNE							
3	Monday	4 th June	Wednesday	13 th June	27	10	2200
4	Saturday	16 th June	Monday	25 th June	27	10	2200
5	Thursday	28 th June	Saturday	7 th July	27	10	2200
JULY							
6	Tuesday	10 th July	Thursday	19 th July	27	10	2200
7	Monday	30 th July	Wednesday	8 th August	27	10	2200
AUGUST							
8	Saturday	11 th August	Monday	20 th August	27	10	2200
9	Thursday	23 rd August	Saturday	1 st September	27	10	2200
SEPTEMBER							
10	Tuesday	4 th September	Thursday	13 th September	27	10	2200
11	Sunday	16 th September	Tuesday	25 th September	27	10	2200

As places are limited, please book early to avoid disappointment.

*Note: Group 1 is limited to returning volunteers only. The remaining groups are open to applications both returning volunteers and the general public.

You can also take advantage of our “**Early Bird Special Offer**”. This offer is open to all groups from group 2 onwards. If both application and sponsorship are returned before 1st January 2012, there is a 300 euro discount available for groups 2 - 11 inclusive.

Please keep an eye on our website for further special offers that we run at different times of the year.

SECTION 1: General Information:

Please attach 2
colour passport size
photographs here.

A) Personal Details:

Please notify the ORM office if any of the following information changes.

Surname _____
Name (s): _____
Date of Birth: _____
Home Address: _____
Home Tel Number: _____
Mobile Number: _____
Business Tel Number: _____
Fax Number: _____
Email Address: _____

Please only indicate an e-mail address if you regularly check your messages and also ensure it is a valid address.

Occupation: _____

B) Working in Moldova:

Are you available to work in Moldova: YES NO
Are you available for a min. of 10 days: YES NO
Are you willing to fundraise: YES NO

When would you like to work in Moldova? Please indicate group No:

1st Choice Group: _____
2nd Choice Group: _____
3rd Choice Group: _____

How much notice do you require? _____

Full name as in Passport: _____

Passport Number: _____ Expiry Date: _____

Please note that passports must be valid for 6 months following return from Moldova

Name & Contact Details of Next of Kin in Ireland: _____

Do you have annual multi trip Insurance? _____

If so, please provide details: _____

Are you a Vegetarian, Vegan or require any special diet? _____

If yes please specify: _____

While we will do everything in our power to accommodate your food preferences, please note that not all food items are available to source here in Moldova and if you require certain foods such as Gluten free foods, then it is advisable to bring these with you.

C) References:

Please give the names, telephone numbers and addresses of 2 referees:

_____	_____
_____	_____
_____	_____
_____	_____

D) Education:

Please give the name of the institution attended, year of graduation and qualifications achieved:

2nd level: _____

3rd Level: _____

E) Work Experience:

Briefly outline your work experience for the past 5 years:

Please outline any experience to date working with children:

F) Other Humanitarian Experience:

Have you ever worked with another charity, either here or abroad? _____

Name of organisation: _____

Details of position held and responsibilities:

If you have worked in a charitable capacity abroad please fill in the next section:

Country: _____

Dates from and to: _____

Details: _____

In your own words, what appeals to you about working with ORM?

What do you personally think you could bring to the team?

Other information you think is relevant to your application:

How did you hear about volunteering with ORM?

G) Vaccinations required for working in Moldova:

Are all the following vaccinations up to date?

	Yes	No
1) Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>
2) Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
3) Typhoid	<input type="checkbox"/>	<input type="checkbox"/>
4) Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
5) Polio	<input type="checkbox"/>	<input type="checkbox"/>
6) Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
7) Rabies (Optional)	<input type="checkbox"/>	<input type="checkbox"/>

The WHO (World Health Organisation) recommends that the above vaccinations be in place prior to travel to Moldova.

Hepatitis B/C/δ Viruses exist in Moldova. These viruses are transmitted by bodily fluid contact. There is no vaccination for Hepatitis C. There is a vaccination for Hepatitis B, which also covers the δ strain of the virus. If you need any advice regarding vaccinations please contact your local GP or travel vaccination centre.

Hepatitis B vaccination requires a set of 3 vaccinations, which are administered by injection into a muscle in your arm. This can be done over a 6 month period or a 1 month period e.g.;

Rapid Immunisation: given over a 1 month period:

- First injection Day 1
- Second Injection Day 8
- Third injection Day 22
- A booster after 12 months

These vaccinations are for your protection and are the minimum requirements of the World Health Organisation (WHO). We do not want you travelling to Moldova where these conditions exist without ensuring that you are adequately covered.

Please consult with your GP or preferred doctor regarding your level of immunity post vaccination. The efficacy of all vaccinations reduces with time and if you have some/all of the above mentioned vaccinations completed for previous travel, you should ask your doctor regarding the need for a 'Titre Test' (a small blood test) that will indicate if you need a booster shot prior coming to Moldova.

All vaccinations listed above are single doses except Hepatitis B, which is given 3 times prior to travel. You will receive a travel vaccination card from your doctor, which will be stamped on receiving your vaccination. Vaccinations must be given top priority by all potential volunteers and must be started

immediately.

This means that you will have to see your doctor/vaccination nurse 3 times for vaccinations over the period of 1 month or 6 months depending on your preferred vaccination schedule. Your doctor is required to sign and stamp the certificate attached. *(please see section 3)* This certificate states that all vaccinations are complete and this must be returned to us immediately.

The airlines issue the tickets 4 to 6 weeks in advance of travel and as you will be travelling as part of a large group they will not hold individual reservations. By not completing all necessary documentation on time you may be unable to travel and will exclude another person travelling in your place. Provisional bookings will be made for your preferred travel dates but please note we will not issue tickets until your vaccination cert and your doctor's cert are provided to the Outreach Moldova Dublin office.

This certificate must be returned to Outreach Moldova no less than 2 months prior to travel. The certificate to be completed by your doctor/vaccination centre is attached *(please see section 3)*. Please also note we require a certificate from your doctor stating that you are in good health and fit to travel as a volunteer to Moldova.

G) Confidential Medical Information:

Are you on medication or currently being treated for any of the following conditions?

- 1) Epilepsy _____
- 2) Diabetes _____
- 3) Hypertension _____
- 4) Depression _____
- 5) Addiction _____
- 6) Other? ** _____

**If yes please specify

Please list any medications you are currently taking on a long-term basis:

If you are taking any medications please have your prescriptions filled before

travel, as they may not be available for purchase in Moldova.

Are you allergic to any medications? If yes please specify:

Please specify any serious illnesses/condition that may affect your capacity to work in Moldova

All information in this section is confidential and will not be shared with 3rd parties.

H) Fundraising/ Sponsorship:

Volunteers are responsible for raising sponsorship to cover all their costs including airfares, insurance, room and board, internal transfers and local transportation.

The minimum amount required for a 10 day stay is €2,200. Volunteers are responsible for any extra costs arising from excess baggage charges or ticket changes.

All volunteers are encouraged to raise as much sponsorship as possible and all funds raised will be fully used for the benefit of the children. The charity's overhead is less than 4% P.A. and everything else goes towards the children.

Most volunteers have succeeded in raising funds significantly in excess of €2,200 and this has helped us enormously in improving the conditions and facilities for all the children.

If you need advice or assistance in your fundraising efforts please contact the office or our volunteer and event guide on our website www.outreachmoldova.org

We will provide you with a complete fundraising support package; sponsorship forms, fundraising guide, assistance to organize your own event, inclusion into an already organized fundraising event. A member of our support team will be on hand to provide you all the assistance you will need from application right through to fundraising and travel to Moldova.

All funds raised must be forwarded to Outreach Moldova and receipts will be issued to you and to any of your multiple sponsors as required. Please note that when you lodge funds directly to our bank account it can be difficult to trace such lodgments unless they have a reference number, so we request that if you lodge directly to the ORM bank account, that you can forward a copy of your lodgment receipt to our Dublin office so we can keep it on your file.

Cheques or bank drafts should be made payable to Outreach Moldova & posted to Outreach Moldova, Suite 104, DMG House, Deansgrange Business Park, Deansgrange, Co. Dublin, Ireland.

Outreach Moldova must be contacted before you embark on any public fundraising activities to ensure that all necessary permits, identification and insurance are in place. Public venues require police permits.

As of 2002 Outreach Moldova enjoys full Charitable Status with the Irish Revenue. Our registration number is CHY 14229. Accordingly we can avail of a tax refund from the department of revenue on all personal donations from individuals of €250 that pay PAYE.

For example a personal donation from a taxpayer of €250 would permit our charity to reclaim the tax paid by that individual (say at the top rate of 41%) on his/her donation for the sum of €173.73. So the value of such a donation would be €423.73 in total. There is no upper limit for donations, which can avail of tax relief.

In addition, corporate donations from companies can benefit the company (not the Charity) in that the company can reclaim a tax refund according to the type of operation it provides. For example companies in investment/rental activities can reclaim 25%, those in Manufacturing 10% and those in trading 12.5%.

Outreach Moldova will provide the appropriate tax refund application form (CHY2 form) to you for those individuals who have donated €250 or more. These have to be completed by the individual, returned to Outreach Moldova and at the year-end we make an application to the revenue for a refund of the taxes already paid.

Please note that all sponsorship must be returned to the Outreach Moldova office. We at ORM make a clear promise to all sponsors that all funds collected will go directly towards the purpose it was given. We would like to maintain our fundraising standards and we formally ask all potential or actual volunteers to do the same and that all funds raised for and on behalf of ORM reach the ORM programmes.

ORM Payment Plan Procedure for volunteering in Moldova is as follows:

- First installment of sponsorship to reach the ORM Dublin Office at least 2 months prior to departure to cover the costs of flights and medical insurance. (Min of 50% of overall cost)
- Final installment of sponsorship to reach the ORM Dublin office at least 1 month prior to departure. (Remainder of sponsorship)
- We request that all further funds accumulated prior to departure on your volunteering trip or after arrival home from your volunteering trip, be transferred to the ORM Dublin Office or the ORM Bank Account as they are received. If you are making a deposit to the bank account, please remember to keep a copy of your lodgment receipt for yourself and send a copy to the ORM Dublin office for your file.

1) Information Meeting & Pre-Departure Training:

All persons travelling to Moldova must attend an information meeting and Pre-Departure Training. Dates & Venues to be confirmed in January 2012

J) Signature

I _____ understand the conditions above and I declare that all the above information is correct and complete and that I will let the organisation know if any of the above information changes or is subject to change.

Signed: _____ Date

If there is any further information not included here that you feel is relevant to your application, please attach to original form before sending it back to us.

All the above information is confidential to Outreach Moldova

Many thanks for your interest and we look forward to hearing from you soon.

Please return this form to the address below as soon as possible in order to secure a place on the Summer Programme 2012. Numbers are limited on all groups to 27 volunteers.

**Outreach Moldova (ORM)
Suite 104, DMG House,
Deansgrange Business Park,
Deansgrange,
Co. Dublin,
Ireland.**

Section 2: Details of the 2012 Summer Programme

Dates and Details of the ORM 2012 Summer Volunteer Programme							
Group	Day Arrive	Date Arrive	Day Depart	Date Depart	Max Nr of Volunteers	Nr of Days	Min target for funds
APRIL							
1	Monday	9 th April	Saturday	14 th April	22	6	1500
MAY							
2	Wednesday	23 rd May	Friday	1 st June	27	10	2200
JUNE							
3	Monday	4 th June	Wednesday	13 th June	27	10	2200
4	Saturday	16 th June	Monday	25 th June	27	10	2200
5	Thursday	28 th June	Saturday	7 th July	27	10	2200
JULY							
6	Tuesday	10 th July	Thursday	19 th July	27	10	2200
7	Monday	30 th July	Wednesday	8 th August	27	10	2200
AUGUST							
8	Saturday	11 th August	Monday	20 th August	27	10	2200
9	Thursday	23 rd August	Saturday	1 st September	27	10	2200
SEPTEMBER							
10	Tuesday	4 th September	Thursday	13 th September	27	10	2200
11	Sunday	16 th September	Tuesday	25 th September	27	10	2200

Information Meeting & Pre-Departure Training:

All volunteers must present themselves for Orm volunteer training prior to travel to Moldova. It is a one day, full day course, where all aspect of your volunteer trip will be outlined. It is also the perfect opportunity to ask outstanding questions, meet with previous volunteers & volunteer managers and be introduced to the people you will be travelling with. A portion of this training will be carried out by Comhlamh on the day which will include team building exercises.

As the day covers many topics essential to your trip, it is important that you attend all modules of the training day. These events will be held at dates, times and venues to be announced in January 2012.

Once you have chosen the date & venue most convenient to you, you must confirm your attendance with the Dublin office on (01) 2190268 or by email at Moldova@ireland.com

SECTION 3:

Medical Certificate & Record of Vaccinations

NAME OF VOLUNTEER: _____

Please detach this section from the application form and bring it to your doctor's office or travel vaccination centre when you are being vaccinated.

Please ask your doctor to read it and complete the vaccination certificate as appropriate.

Please keep a copy for your own records and send the original back to the ORM Dublin Office with the rest of the completed application form.

I (the doctor) hereby certify that the following vaccinations were administered by me to the above named person:

Please complete:

VACCINATION	DATE ADMINISTERED	VALID UNTIL
Hepatitis A		
Hepatitis B	1 st Dose 2nd Dose 3rd Dose Booster	
Typhoid		
Tetanus		
Polio		
Diphtheria		
Rabies (Optional)		

I (the doctor) confirm that I have discussed all the vaccinations above and am satisfied that my patient has been vaccinated in accordance with WHO guidelines.

I (the doctor) confirm that I have discussed with my patient the existence of a Titre test and determined it's need or otherwise in this case.

(Please continue overleaf..)

NAME OF VOLUNTEER: _____

In Accordance with WHO guidelines for travel to the Republic of Moldova, I (the doctor) have discussed universal precautions regarding Hepatitis B & C and other transmissible conditions. I (the doctor) am satisfied that my patient is vaccinated sufficiently for travel to the Republic of Moldova.

Fitness to Travel:

I (the doctor) confirm that my patient wishes to travel to Moldova as a volunteer to work with children/young adults with disability and terminal illness for a limited period of 10 days – 2 months. I have examined my patient and have assessed their fitness to participate in such travel and work.

Flying time to Moldova is 8 hours in total. The working day requires a minimum to moderate level of fitness. Hospital facilities and acute medical care facilities while in Moldova are over one hours distance away and of very poor standard.

I (the doctor) confirm that I know of no existing medical condition that would preclude my patient from participating in a volunteer programme with ORM.

Please outline in brief any pre-existing medical conditions that the volunteer will be receiving medications for during their stay in Moldova. Please include the medication name, dose and mode of administration


Name of Doctor: _____

Work Address: _____

Contact Tel Number: _____

Date: _____

Signature: _____

Practice Stamp: 

This form is to be returned to the volunteer to be added to their file in the ORM Dublin Office.

Section 4: Volunteer Agreement and Release Form

By signing below, I hereby agree and acknowledge that I have made the informed decision to act as an uncompensated volunteer of Outreach Moldova, an Irish Company limited by guarantee with charitable status (hereinafter referred to as "ORM"), whose purpose is to support services and programs for orphaned/ abandoned children, Children with Disability, Terminally ill children and any child at risk in the Republic of Moldova.

Further, by signing below, I hereby expressly warrant and represent that I have been made aware of and agree to and acknowledge the following:

I am over the age of eighteen (18);

I freely and knowingly agree to volunteer my time to assist and provide volunteer services in connection with ORM's program(s), which may vary in scope and nature, but which all strive to support ORM's overall mission of working with children in need, (hereinafter such volunteer services shall be collectively referred to as "Services").

I hereby expressly acknowledge, agree, warrant and represent that I am acting as a volunteer and not in the capacity of an employee, agent, independent contractor or similar capacity of ORM or any other person or entity, including but not limited to individuals and/or entities related to ORM.

I acknowledge, agree, warrant and represent that I will not be compensated in any way by ORM for the Services and that I do not expect to receive compensation of any kind from any source, including but not limited to ORM, for such Services.

Further, I acknowledge, agree, warrant and represent that ORM has not promised, nor otherwise implied, that I will receive any compensation, either in cash or in kind, for the Services. Accordingly, I have no expectation whatsoever for any compensation from ORM or any other third party in exchange for my Services.

I hereby acknowledge, agree, warrant and represent that I will voluntarily travel to Moldova and come into contact with certain individuals solely to perform the volunteer Services. I further agree to abide by all laws, rules, regulations and procedures and standards of conduct adopted by Moldova in which I will be performing the Services.

I further agree to act courteously at all times to any and all individuals with whom I have contact, including but not limited to those individuals benefiting from ORM's programs, and to account for all money, books, records, goods or other property entrusted to me by ORM.

Further, I hereby warrant and represent that, in performing the Services, I will not disparage or otherwise damage the reputation or good will of ORM and will abide by the rules, regulations and procedures and standards of conduct of ORM.

I hereby acknowledge, warrant and represent my understanding that I may be working with children in the performance of the Services and that working with children requires the utmost care and that ORM has an interest in protecting the children served by their programs.

I acknowledge, warrant and represent that I have never been accused of or convicted of any crime in any country or jurisdiction, including but not limited to crimes involving children.

I further acknowledge, warrant and represent that I am fit and fully capable of performing the Services and will perform the Services to the best of my ability. I hereby authorize ORM to conduct an investigation, in its sole and unfettered discretion, of my background to ensure the accuracy of my personal information and fitness to perform the Services, including but not limited to the verification of my warranties and representations as contained herein.

I further agree to perform such further acts as necessary to assist ORM in the performance of said checks and verifications, including but not limited to executing certain documents to evidence my authorization of the release of certain information from third parties to ORM,

and/or obtaining records or documents for ORM's use in determining my fitness that ORM may not otherwise be able to obtain.

Further, I hereby acknowledge, agree, warrant and represent that I will be solely responsible for paying any and all travel and occupancy fees associated with my performance of the Services, including but not limited to fees associated with my airfare and accommodations as well as arranging for my travel to such foreign country.

I hereby release ORM, and ORM's officers, directors, agents and employees, from any and all liabilities, claims, damages, costs and/or responsibility associated with my performance of the Services, including but not limited to those resulting from personal injury or property damage which I may suffer while I am performing the Services, including but not limited to injury or damage caused by my intentional acts, negligence (gross or otherwise), or willful or wanton conduct and/or the intentional acts, negligence (gross or otherwise), or willful or wanton conduct of third parties.

I agree and acknowledge that ORM shall have no responsibility or liability whatsoever for any of my acts, omissions or failures to act in rendering the Services, including but not limited to my negligence, intentional acts, gross negligence, or willful or wanton conduct.

Further, I hereby agree to indemnify and release ORM and its officers, directors, agents and employees from any and all liabilities, claims, damages, costs (including but not limited to attorney's fees) resulting from my any of my acts, omissions or failures to act in rendering the Services, including but not limited to my negligence, intentional acts, gross negligence, or willful or wanton conduct.

I agree that at any time ORM and/or any third party organization with which ORM and/or I am working to perform the Services, may revoke the permission granted to me to perform the Services and may request that I leave. Upon such request, I hereby agree that I shall immediately leave the premises and shall return any and all money, books, records, goods or other property entrusted to me by ORM.

I hereby agree and acknowledge that the validity, interpretation and enforcement of this document and any dispute arising out of my performance of the Services, whether in contract, tort, equity, or otherwise, will be governed by the laws of the Republic of Ireland.

Further, I hereby and consent that any action or proceeding resulting from my performance of the Services shall be commenced in the State Courts located in the Republic of Ireland and I hereby irrevocably waive the defense of an inconvenient forum to the maintenance of any such suit, action or proceeding.

I hereby agree that if any provision of this document, or any portion thereof, is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of this document shall nevertheless remain in full force and effect, and such provision shall be deemed deleted from this Agreement and replaced by a valid and enforceable provision which so far as possible achieves the parties' intent in agreeing to the original provision.

I have been given a copy of this document for my personal records and this information was provided to me in a language I can read and understand. By signing below, I hereby acknowledge that I have read and understood the above disclosures and representations and agree to and acknowledge the information provided herein.

Print Name in Full:

Date:

Signature:

Address:

Phone Number:

Office Use only:

Receipt Date Stamp:

Signed in by:

SECTION 5: Safeguard Programme & Garda Vetting of Volunteers.

ORM has Child Protection Guidelines and Policies in place. As a volunteer you will be provided with a copy and are expected to study carefully. These guidelines are in place to protect the wellbeing and safety of the children and young adults we work with. Their safety and wellbeing are of utmost importance to us and volunteers wishing to travel to Moldova must be familiar with and adhere to all policies.

Outreach Moldova (ORM) is also a member of the safeguard programme. In the interest of the children and vulnerable young adults we work with, we require that all volunteers travelling to Moldova undertake Garda Vetting.

What is the Safeguard Programme?

The safeguard programme is a new programme designed by Volunteering Ireland, VSO, Comhlamh and Garda Vetting Unit. This gives organisations, such as ORM, that work with children and vulnerable adults, an extra means to assess all potential volunteers and staff that wish to work with the organisation. This Safeguard Programme has been adopted as part of the overall ORM Recruitment Policy for Volunteers.

The issue of the protection of children and vulnerable adults is of paramount importance to ORM. Safeguarding the children and vulnerable adults with whom we work is vital for ORM and we have a duty of care towards all those with whom we have contact. Having safeguards in place within our organisation not only protects and promotes the welfare of children and vulnerable adults but also it enhances the confidence of staff, volunteers, parents and carers.

All volunteers will be asked to fill in a 2 page Garda vetting form – attached in this document and return it to the ORM office with your volunteering application form.

What is Garda Vetting?

Garda Vetting is a procedure through which An Garda Síochána is asked, with a person's permission, to disclose any information held on police file. Within current disclosure policy, details of all convictions and/or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be are disclosed to the authorised liaison person within ORM.

Some Facts about Garda Vetting

The Garda Central Vetting Unit (GCVU) provides the only official vetting service in the Republic of Ireland. Local Garda Stations DO NOT provide vetting at a local level. Garda vetting is a centralised system. There is a Garda Vetting Form, which was designed by the GCVU, which must be filled in and returned to ORM. The GCVU will process applications in relation to new & existing staff, relevant volunteers and students.

Garda vetting is only one component of an overall recruitment and selection strategy. Individuals cannot request Garda Vetting information from the GCVU. All applications must go through ORM. Vetting is not freely available – applications must be processed through an organisation that is already registered with the GCVU or another organisation which can act as an intermediary for a particular sector or group. Information disclosed through the Garda Vetting process cannot be passed on to any other organisation or third party.

It takes approximately 4 -8 weeks for the GCVU to process vetting forms. However, this may vary due to the following; volume of applicants, incorrect form completion, delay in sending forms from organisation to the GCVU etc.

Garda vetting is conducted in respect of personnel working in a full-time, part-time, and voluntary or student placement capacity with ORM, through which they have unsupervised access to children and/or vulnerable adults

Areas of consideration regarding Garda Vetting Forms

Regardless of the outcome of the Garda Vetting process, the decision to accept a volunteer into a programme is entirely within the discretion of ORM. Every applicant will be treated with care, respect and ultimately confidentiality. An organisation may accept and / or employ applicants who return convictions that are not considered to be related to child protection or violence and abuse of adults. Each disclosure should be dealt with in its own merit.

Confidentiality

Confidentiality is guaranteed. Any personal information relating to an applicant will be treated with the utmost care. Applicants will be treated with dignity and respect at all times. The Safeguard Programme is committed to protect the rights and privacy of individuals and is in compliance with the Data Protection Acts.

“The Data Protection Acts 1988 and 2003 (the “Data Protection Acts”) lay down strict rules about the way in which personal data is collected, accessed, used and disclosed. The Data Protection Acts permit individuals to access their personal data on request, and gives individuals the right to have their personal data amended if found to be incorrect.”

Any data received from the Garda Central Vetting Unit via the Garda Vetting Consortium, in respect of any individual is for the sole use of ORM submitting the Vetting Forms. All data disclosed will be managed and protected within the statutory provision of the Data Protection Act and any other legislation that may be enacted in respect of Data Protection.

Safeguard Programme



volunteer ireland
obair dheonach éireann

Guidelines for Volunteers filling in Garda Vetting Forms

Please use BLOCK CAPITALS when completing the form. It is imperative that you complete the Garda Vetting Form fully and correctly.

Please note, forms will not be processed if handwriting is in any way illegible or if information is incomplete.

Field Name	Instructions
Surname	Insert your current surname.
Previous Name	Insert your previous name here (i.e. maiden name if applicable).
Forename	Insert your forename / first name.
Alias	If you are known by any name other than that/those on your birth certificate please insert here e.g. Anthony but known as Tony.
PPS Number	Please enter your PPS No. here (formerly your PRSI number)
Date of Birth	Insert your date of birth (dd/mm/yyyy).
Place / City of Origin	Insert the name of the city/town that you were born in.
Have you ever changed your name?	If yes, tick 'yes' box, if no, tick 'no' box.
If yes please state former name	Insert any previous surnames if applicable (e.g. in the event that you were married on more than one occasion or that you have changed your name by deed poll etc).
Please state all addresses from year of birth to present date	It is very important that your current address and all previous addresses, including all addresses abroad, are provided. You must also insert the years that you resided at these addresses, year from and year to. These will be checked and if there is any time unaccounted for, the form will be returned to you.
Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?	If no, tick 'no' box. If yes, tick 'yes' box and then please provide details of conviction(s) ie. Date, Court, Offense, Court Outcome.
Declaration	Please make certain that you fill in the position you are applying for in the section marked: 'I the undersigned have applied to work as a "_____". You must read this declaration carefully, sign and date it, and also print your name in BLOCK CAPITALS underneath the signature.

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

No Yes Please provide details

DATE	COURT	OFFENCE	COURT OUTCOME

DECLARATION OF APPLICANT

I, the undersigned who have applied for a position as a volunteer hereby authorise An Garda Síochána to furnish to **Volunteer Ireland** a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all convictions and / or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be.

Signature of Applicant: _____ Date: _____
PLEASE PRINT ALSO ()

FOR OFFICIAL USE ONLY

Authorised Signatory: _____(Volunteer Ireland)
PLEASE PRINT ALSO ()

Registration Number: _____ Date: _____

To be completed by the Garda Central Vetting Unit

According to Garda records there are no previous convictions recorded against the above named applicant:

OR the attached convictions appear on Garda Records:

OR the attached prosecutions are pending:

NOTE: Checks were carried out by this office based on the information supplied.
The convictions supplied may apply to the subject of your enquiry.
Please verify information disclosed with the applicant.

Signed: _____ Member I/C

C.V.U.