



Volunteer Reference Form 2016/2017

(NB Referee must not be a relative of the volunteer)

Applicant Volunteer Name: _____ Group Number: _____

How long have you known the Applicant? _____

In what capacity? E.g. Employer/Previous Group Leader/Teacher/Priest _____

Are you aware of any incident, enquiry, investigation, complaint or disciplinary procedure involving the applicant which would cause any doubts about his/her suitability to be closely associated with children/young people? Yes No

If Yes (please expand) _____

Please state your opinion of the applicant's suitability to form proper relationships with children

Please comment on the applicant's capability of co-operating and working with other adults in a small team.

Please feel free to make any other comments you think might help in our consideration of the applicant

Do you recommend the applicant as a suitable Volunteer Carer for Children and Vulnerable Adults?

Yes No

Signed: _____ Date: _____

Name (please print) _____ Occupation: _____

Address (please print) _____

Daytime Phone No: _____ Mobile No: _____

Please return this reference to:

The Irish Pilgrimage Trust, Kilcuan, Clarinbridge, Galway H91 W596.