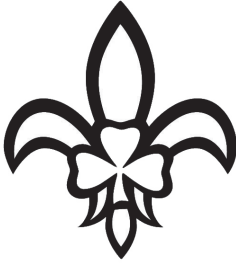


Confidential

SIF 1a

(Feb. 2011)



Adult Volunteer Reference Form

Please use BLOCK capitals

Referees Name:

Address

Phone

E-mail

Applicant for Membership

has expressed an interest in becoming a volunteer with Scouting Ireland and has given your name as a referee.

This post involves substantial access to children and as an organisation committed to the welfare and protection of children, we are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children or young people

Yes

No

If you have answered 'Yes', we will contact you in confidence.

How long have you known this person?

In what capacity? _____

If you are happy to complete this reference form, all information contained on the form will remain confidential.

You will be contacted in due course by the Applicant's Group Leader and in some instances by our National Office.

**Referee note:- Please do not sign this form unless Group Leader box below is completed.
If you have any further information you wish to impart confidentially please contact Group Leader directly.**

Signed _____ Date _____

Occupation/Capacity _____

Please return this form when completed to:-

Group Leaders Name:

Address

Scouting Ireland. Larch Hill, Dublin 16. Phone 01- 4956300 Fax. 01 4956301
Scout Foundation (NI). Unit 101, Lisburn Enterprise Centre, Ballinderry Road, Lisburn, Co. Antrim. BT28 2BP
Phone 028-9266-7696 (from ROI 048-9266-7698)

Data Protection

Scouting Ireland is committed to protecting your privacy and security. The Scouting Ireland data protection policy is available on request or can be downloaded from www.scouts.ie and my.scouts.ie