

ADULT VOLUNTEER REGISTRATION PACK

Adult Volunteer Registration Form



(Please print in block capitals)

Contact Details

Name:

Address:

Mobile/Contact No:

Email Address:

About You

Do you suffer from any medical conditions, illness, disability or allergy (asthma, diabetes etc.)?

As with the children, we need to know in case of any accident/incident so as to arrange correct help/first aid.

What is your profession?

Our volunteers cover many different fields, all of which contribute to our club, i.e. nurse, teacher, parent/homemaker, etc. You may not be working in this profession at present, but your training is always valuable.

Have you completed training in any of the following courses:

	Tick	If yes, date completed:
Child Protection	<input type="checkbox"/>	
First Aid	<input type="checkbox"/>	
Manual Handling	<input type="checkbox"/>	
Behavioural Management	<input type="checkbox"/>	
Fire/Evacuation Procedure	<input type="checkbox"/>	

Have you worked with children before? Describe.

Have you completed a Garda Vetting Application Form for The Butterfly Club?

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TheButterflyClub/AdultRegistrationForm011208

What are your hobbies?

Can you play a musical instrument? Are you sporty? Arts & Crafts?

What do you think you would be good at in The Butterfly Club?

Ideas/additional information:

Signed:

Date:

Please return your completed forms to:

The Butterfly Club

Rathkeale Industrial Estate

Rathkeale

Co Limerick V94E5CO

Tel: 086 2120023