

SVP Membership Application Form

CONFIDENTIAL TO SOCIETY OF ST VINCENT DE PAUL

To be considered for membership of the Society of St Vincent de Paul, please complete this form.

Before filling in your personal details, please read the Data Protection Notice at the end of the form.

Name _____

Address _____

Date of birth _____

Please submit evidence of identity and address (e.g. passport, driver's licence, plus a recent utility bill).

Telephone/Email (only give numbers you wish to be contacted at)

Occupation/skills (complete if you wish):

Referees

Please provide the names, addresses and telephone numbers of two people who know you and can provide the SVP with references. (Referees should not be family/relatives)

Name _____ **Name** _____

Address _____ **Address** _____

Tel. No _____ **Tel. No** _____

You confirm that the above individuals have consented to or been informed of their details being provided.



Have you ever been charged/convicted of a criminal offence or are you at present the subject of criminal charges? Yes No

If Yes, please state nature and date(s) of the offence(s) _____

[Details of previous convictions are regarded as sensitive personal data under Irish data protection law. The SVP will not use this information for any other purpose other than assessing your suitability for membership of the organisation. The disclosure of an offence may not necessarily be a bar to membership of the SVP.]

PERSONAL DECLARATION

I confirm that there is nothing in relation to my conduct, character or personal background that would adversely affect any position of trust in which I would be placed by becoming a member of the SVP.

I understand that the information provided by me may be verified and I give permission to the SVP to make enquiry of others to determine my suitability as a Member.

In the course of volunteering with the SVP I understand that I may be dealing with confidential information and I agree to keep such information in strict confidence, and to use it only for the purposes of, or as directed by, the SVP.

I confirm that the information I have given is true and accurate in every respect.

Signed _____ Date _____

Society of St Vincent de Paul – Data Protection Notice

The SVP maintains an electronic Register of Members, which serves as a record of current and past members of the SVP, and is used to support the organisation's work with people in need and in the support of our members. Occasionally the SVP may disclose member details on a confidential basis to service providers carrying out administrative tasks on behalf of SVP. You have a right to ask for a copy of any personal data held about you and to have any inaccuracies in such personal data corrected.

Please note that the SVP may contact you with information on SVP member events and other activities that may be of interest to you. Please read the following options carefully and tick the boxes as appropriate:

I am happy to receive information by email

I do not wish to receive such information by any other means (e.g. post, telephone etc.)

All volunteers are accepted for membership into the Society of St Vincent de Paul, subject to, Satisfactory Reference & Garda Vetting



DUBLIN REGION APPLICATION



When would you like to carry out your volunteer work?

Mark all times you are available with an X.

If there is any time you would prefer, please mark it clearly.

(Please note, most family visitation conferences take place Mon – Thurs in the evenings. There is only a limited amount of volunteer work done during the day or at weekends.)

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Daytime							
Evening							

What form of transport will you be using to travel to weekly meetings?

Public Transport Own Car On foot/bicycle

What area(s) would you like to join in? *(Please note it is usually not possible to visit in the same area in which you live)* _____

What type(s) of voluntary work are you most interested in?

Family visitation	<input type="checkbox"/>	Shop work	<input type="checkbox"/>
Hospital visitation	<input type="checkbox"/>	Youth Clubs/Homework Clubs etc	<input type="checkbox"/>
Prison Visitation	<input type="checkbox"/>	Hostels/Homeless People etc	<input type="checkbox"/>

Where did you hear about volunteering with the SVP?

Friend/Family	<input type="checkbox"/>	Local Church	<input type="checkbox"/>
Radio/TV	<input type="checkbox"/>	SVP website	<input type="checkbox"/>

Other website (please give name): _____

Newspaper (please give name): _____

Other (please state): _____

What languages do you speak? *(we often work with non-English speaking people so it may be useful to speak other languages)* _____