

Mountaineering Ireland Volunteer Application Form

Sport HQ 13 Joyce Way, Parkwest, Dublin 12
and Hotrock Climbing Wall Tollymore Mountain Centre Bryansford BT33 0PT

PLEASE NOTE: You will also need to complete and attach page 3,4 & 5 of the AccessNI form so that Mountaineering Ireland can obtain an enhanced disclosure certificate.

http://www.accessni.gov.uk/index/resource-library/application_form_temppage.htm

1. Name (Mr/Mrs/Ms): _____

Other surname previously known by: _____

2. Address: _____

Tel No. (Daytime) _____ (Evening) _____

3. Date of Birth ____/____/____ Place of Birth _____

4. PPS No. (ROI) _____ or National Insurance No. (NI) _____

5. Occupation _____

6. Please outline why you wish to become a voluntary Youth Leader with the MCI:

7. Please give details of leadership training/any previous experience/involvement in youth activity/clubs:

8. Do you suffer from any illness/disability or medical condition which may at times affect your ability to work with young people? If so, please give details:

9. Times available (If you wish, please indicate times when you will be available)

10. Please supply the name, address, telephone numbers and position of two people (non-relative), who know you well and can provide us with a reference.

10.1 Name: _____ Address: _____ _____ _____ Tel No. _____ Position: _____
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10.2 Name: _____ Address: _____ _____ _____ Tel No. _____ Position: _____
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(must be attached to page 1)

11. You must tell us now if you have a case pending or if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You must include all offences, even minor matters such as motoring offences, and spent conviction, that is, things which happened a long time ago. If you leave anything out it may affect your application. The disclosure of a criminal record or other information will not debar you from registration/appointment unless the MCI considers that the conviction renders you unsuitable. In making this decision the MCI will consider the nature of the offence, how long ago it was committed and what age you were at the time and other factors which may be relevant.

Please complete below to give us this information and return it with your application.

Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order; or are you at present the subject of criminal investigations?

Please note you are advised that under the provisions of the Rehabilitation of Offenders (Exceptions) (Amendment) Order (NI) 1987 you should declare all convictions including spent convictions.

Yes / No

If yes, please state below the nature and date(s) of the offence(s)

12. For the purposes of your application for the post of a MCI volunteer it is our policy to ask for a check to be carried out by AccessNI, and where applicable a GARDA vetting check.

The purpose of the AccessNI/ GARDA check is to make sure that people are not appointed who might be a risk to vulnerable people. The Check will tell us whether you have a criminal record, or whether the DHSS& PS holds any other information about you, which might have a bearing on your suitability. All information that we receive will be treated confidentially, and will be discussed with you before we make a final decision. After that decision is made the information will be destroyed.

I understand that an AccessNI/GARDA check must be carried out before my application for registration/appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed.

I declare that the information I have given is accurate and I consent to the check being made. I declare that the above information is true and agree that I will abide and accept the terms and conditions of membership / participation.

Signed _____ Date: _____