

APPLICATION FORM

Please complete this form in order to apply to join Portarlington First Responders.

Please complete using BLOCK CAPITALS

Surname First Name

Are you over 21? Yes If you are renewing membership, tick box

Address

Mobile Email

Have you any relevant qualifications?

Designated Contact Person:

Surname First Name

Mobile

Do you wish to become a Responder? Do you have your own car and insurance?

Do you hold a current PHECC CPR certificate?

Do you wish to become a non-responding member?

ALL APPLICANTS WILL BE REQUIRED TO SUBMIT A GARDA VETTING FORM.

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 investigation? YES NO

If you answered 'Yes' provide full details on a separate sheet.

A 'Yes' answer to the questions in this part does not necessarily mean your application will be refused. It may lead to further inquiries.

I confirm that nothing within my personal or professional background deems me unsuitable for a position which involves working with vulnerable adults and younger people; I understand that I will be required to adhere to the Principles, Rules, Operating Procedures, Volunteer Confidentiality and Clinical Direction as defined by Portarlington First Responders; I declare that I am of reasonable fitness to perform CPR if required; I declare that the above information is true and I agree to accept the terms and conditions of membership of Portarlington First Responders.

Signature

Date