



**Crois Dhearg na hÉireann**  
**Irish Red Cross**

## Youth Members Application Forms (Ages 16 & 17) - 2022

New youth members aged 16 and 17 joining the Irish Red Cross must complete the below forms:

**Crois Dhearg na hÉireann**  
**Irish Red Cross**

**YOUTH MEMBERSHIP APPLICATION FORM**  
**(4 – 17 YEARS)**

Please complete this form in order to apply for your membership of the Irish Red Cross. Once completed please return with the appropriate fee and recent photograph. Photos can be attached to this form or emailed to membership@redcross.ie. The membership of the Irish Red Cross will be issued once induction and training has been completed. We will be in touch with you again regarding the induction process as part of the application. While waiting for membership there are activities and training which you will be able to get involved in. Your local branch will be able to provide you with more details. Please contact membership@redcross.ie if you require any further information.

Please complete using **BLOCK CAPITALS**

Date: \_\_\_\_\_

Area: \_\_\_\_\_

Branch: \_\_\_\_\_

Section 1

First Name: \_\_\_\_\_

Title: Mr. / Ms. / Other: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

PERSONAL INFORMATION

WHAT KIND OF ACTIVITIES ARE YOU INTERESTED IN?

Event First Aid ☐

Emergency Response ☐

Rescue Teams ☐

Cardiac First Responder ☐

Groups Helping you to Care ☐

Skin Camouflage Service ☐

Therapeutic Hand Care ☐

Service Visitation Programme ☐

Youth on the run ☐

Teddy Bears programme (4 - 5 Years) Positive Mental Health ☐

### Form 1 – Youth Membership Application Form:

Find details and contact information for your nearest branch:

[www.redcross.ie/volunteerinyourcommunity/](http://www.redcross.ie/volunteerinyourcommunity/)

For 2022, there is no membership application fee required.

In order to print your membership card, we will need a photograph which can be attached, or sent to us by-email at [membership@redcross.ie](mailto:membership@redcross.ie)

**Crois Dhearg na hÉireann**  
**Irish Red Cross**

**IRISH RED CROSS PROOF OF IDENTIFICATION FOR GARDA VETTING**

Before we can process your Garda Vetting Form, it is a Garda Vetting requirement that you complete an Identification Check. This form and your fully completed Garda Vetting form should be marked "Private and Confidential" and sent to Garda Vetting Section, Irish Red Cross, 15 Merrion Square, Dublin 2, D02 XH65.

Section 1 (to be completed by Applicant) ALL FIELDS ARE MANDATORY – FORM WILL BE RETURNED IF INCOMPLETE

Full Name: \_\_\_\_\_

Membership Number (if applicable): \_\_\_\_\_

Branch: \_\_\_\_\_

Area: \_\_\_\_\_

Section 2 (to be completed by designated Branch Officer - Chair/Treasurer/Secretary)

Branch Honorary Officer Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Please State Documentation verified: \_\_\_\_\_

### Form 2 – ID Verification Form:

As part of the Garda Vetting process, applicants must provide documentation to validate their identity.

The ID Verification form can be signed off by an Honorary Officer within the Branch you are joining. Please see the website for contact information for your local branch.

**Crois Dhearg na hÉireann**  
**Irish Red Cross**

Garda Vetting Section,  
15 Merrion Square,  
Dublin 2,  
D02 XH65

Form NVB 1  
**Vetting Invitation Youth**

Section 1 – Personal Information

Under Sec 26(1) of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2014, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

For Name(s): \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Parent / Guardian Email Address: \_\_\_\_\_

Parent / Guardian Contact Number: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date 1: \_\_\_\_\_

### Form 3 – Youth E-Vetting Invitation Form (NVB 1):

This form requires the current address and an e-mail address for a parent/guardian of the Youth applicant.

The E-Vetting Invitation is submitted to the National Vetting Bureau. They then send you an e-mail containing a link that allows you to complete the Garda Vetting application online.

AN GARDIA SIOCHÁNA NATIONAL VETTING BUREAU

**PARENT GUARDIAN CONSENT FORM (NVB 3)**

Applicant Details

For Name(s): \_\_\_\_\_

Section: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Parent/Guardian Details

Under Sec 26(1) of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2014, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

For Name(s): \_\_\_\_\_

Section: \_\_\_\_\_

Relationship to applicant: Father / Mother / Guardian

Address: \_\_\_\_\_

Date 1: \_\_\_\_\_

### Form 4 – Parental Consent Form (NVB 3)

The Garda Vetting application also requires a parental consent form to be completed by a parent or guardian of the Youth applicant.





**Crois Dhearg na hÉireann**  
**Irish Red Cross**

16 Merrion Square, Dublin 2, DO2 XF85

T +353 1 642 4600

E membership@redcross.ie

W www.redcross.ie

## YOUTH MEMBERSHIP APPLICATION FORM (16 – 17 YEARS) - 2022

Please complete this form in order to apply for your membership of the Irish Red Cross.

Photos can be attached to this form or emailed to membership@redcross.ie.

Full membership of the Irish Red Cross will be issued when induction and screening has been completed.

We will be in touch with more information regarding the induction process on receipt of this application.

While awaiting full membership there are activities and training which you will be able to get involved in – your local branch will be able to provide you with more details.

Please contact membership@redcross.ie if you require any further information.

Please affix photo  
or email to:  
membership@redcross.ie

Please complete using **BLOCK CAPITALS**

Date   /   /

Area

Branch

If you do not know your local branch please contact us and we can assist you.

Surname

First Name

Title: Mr. ☐ Ms. ☐ Other

Address

Eircode

### PERSONAL INFORMATION

Date of Birth   /   /

Male ☐ Female ☐

### PARENT/GUARDIAN'S CONTACT DETAILS

Home Tel

Mobile Tel

Email

WHAT KIND OF ACTIVITIES ARE YOU INTERESTED IN?:

Event First Aid ☐

Emergency Response ☐

Rescue Teams ☐

Cardiac First Responder Groups ☐

Helping you to Care ☐

Skin Camouflage Service ☐

Therapeutic Hand Care Service ☐

Visitation Programme ☐

Youth on the run ☐

Teddy Bears programme (4 - 9 Years) ☐

Positive Mental Health ☐

Leadership Programmes ☐

Branch Administration ☐

Fundraising ☐

Youth Services ☐

Other (please specify)

- ✓ I confirm that nothing within my personal or professional background deems me unsuitable for a position which involves working with young people or vulnerable adults;
- ✓ I understand that I will be required to adhere to the Principles of the Red Cross and Red Crescent Movement;
- ✓ I understand that I will be bound by the Constitution and Operating Rules of the Irish Red Cross;
- ✓ I declare that the above information is true and I agree to accept the terms and conditions of membership of the Irish Red Cross.

Signed

Parent/Guardian's signature

Date   /   /

Please also complete the detail overleaf. This information is for the Irish Red Cross **ONLY**



**Crois Dhearg na hÉireann**  
**Irish Red Cross**

## IRISH RED CROSS PRIVACY POLICY

We hold information about our members and this information is shared within the Irish Red Cross network. It is not our policy to pass names, addresses or contact details of our members to third parties for their use.

As a member of the Irish Red Cross we may write to you occasionally to keep you updated on current projects and appeals.

If you do not wish us to send this information to you, please tick this box: ☐

The work of the Irish Red Cross is guided by the seven Fundamental Principles of the International Red Cross and Red Crescent Movement:

**HUMANITY** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours in its international and national capacity to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation, and lasting peace amongst all people.

**IMPARTIALITY** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**NEUTRALITY** In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage in controversies of a political, racial, religious, or ideological nature.

**INDEPENDENCE** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**VOLUNTARY SERVICE** It is a voluntary relief organisation not prompted in any manner by desire for gain.

**UNITY** There can only be one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**UNIVERSALITY** The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

## OFFICE USE ONLY

Membership Number

Photo enclosed: Yes ☐ No ☐ GV form enclosed: Yes ☐ No ☐

Membership Card Issued on:  /  /

2022 MEMBER



**Crois Dhearg** na hÉireann  
**Irish Red Cross**

## **IRISH RED CROSS PROOF OF IDENTIFICATION FOR GARDA VETTING**

Before we can process your Garda Vetting Form, it is a Garda Vetting requirement that you complete an Identification Check.

**\*\*ALL FIELDS ARE MANDATORY – INCOMPLETE FORMS WILL BE RETURNED\*\***

### **Section 1 - to be completed by Applicant**

Full Name: \_\_\_\_\_

Membership Number (if applicable): \_\_\_\_\_

Branch: \_\_\_\_\_

Area: \_\_\_\_\_

### **Section 2 - to be completed by Branch Officer - Secretary/Chair/Vice-Chair/Treasurer**

Branch Honorary Officer Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Please State Documentation verified - (see overleaf for options):

1. \_\_\_\_\_

2. \_\_\_\_\_

The applicant has provided documentation to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain a Disclosure.

**Please tick box**

☐

Branch Honorary Officer Signature:

Date: \_\_\_\_\_

**\*\*DO NOT SEND COPIES OF DOCUMENTS TO IRISH RED CROSS HEAD OFFICE\*\***



## List of Acceptable Documents (100 points required)

| Identification Document  | Points | Please Tick |
|--|--------|-------------|
| Irish Driving Licence  | 80     |             |
| Irish Public Services Card   | 80     |             |
| Passport (from country of citizenship)   | 70     |             |
| Irish Certificate of Naturalisation  | 50     |             |
| Birth Certificate  | 50     |             |
| Garda National Immigration Bureau (GNIB) Card  | 50     |             |
| National Identity Card for EU   EEA   Swiss Citizens   | 50     |             |
| Irish Driving Licence or Learner Permit (old paper format)   | 40     |             |
| Employment ID  |        |             |
| ▪ ID card issued by Employer (with name and address)   | 35     |             |
| ▪ ID card issued by Employer (name only)   | 25     |             |
| Letter from Employer (within last two years)   |        |             |
| ▪ Confirming Name and Address  | 35     |             |
| P60   P45 or Payslip (with home address)   | 35     |             |
| Utility bill e.g. gas, electricity, television, broadband (must not be less than 6 months old. Printed online bills are acceptable. Mobile phone bills are not acceptable) | 35     |             |
| Public Services Card   Social Services Card   Medical Card   | 25     |             |
| ▪ With Photograph  | 40     |             |
| Bank/Building Society/Credit Union Statement   | 35     |             |
| Credit   Debit Cards   Passbooks (only one per institution)  | 25     |             |
| National Age Card (issued by An Garda Síochána)  | 25     |             |
| Membership Card  |        |             |
| ▪ Club, Union or Trade, Professional Bodies  | 25     |             |
| ▪ Educational Institution  | 25     |             |
| Correspondence   |        |             |
| ▪ From an Educational Institution   SUSI   CAO   | 20     |             |
| ▪ From an Insurance Company regarding an active policy   | 20     |             |
| ▪ From a Bank/Credit Union or Government Body or State Agency  | 20     |             |
| <b>CHILDREN UNDER 18 YEARS</b> (any one of the following)  |        |             |
| Passport (from country of citizenship)   | 100    |             |
| Birth Certificate  | 100    |             |
| Written statement by the Principal confirming attendance at educational institution on a letter head of that institution   | 100    |             |
| <b>RECENT ARRIVAL IN IRELAND</b> (less than 6 weeks)   |        |             |
| Passport (from country of citizenship)   | 100    |             |
| <b>Vetting Subject is unable to achieve 100 points**</b>   |        |             |
| Affidavit witnessed by a Commissioner for Oaths  | 100    |             |
| <b>TOTAL POINTS</b>  |        |             |



## **Guidelines for completing Vetting Invitation Form (NVB 1)**

Please read the following guidelines before completing this form.

### **Miscellaneous**

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.

The Form should be completed in ball point pen.

Photocopies will not be accepted.

All applicants will be required to provide documents to validate their identity.

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

### **Personal Details**

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.

Please allow one digit per box for your contact number.

The Current Address means the address you are now living at.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

### **Role Being Vetted For**

The role being applied for must be clearly stated. Generic terms such as “Volunteer” will not suffice.

### **Declaration of Application**

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.



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## Vetting Invitation Youth

**Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.**

[illegible][illegible][illegible]

|   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|--|
| D | D | / | M | M | / | Y | Y | Y | Y |  |
|---|---|---|---|---|---|---|---|---|---|--|

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

**I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box ☐**

|  |
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|  |
|--|

**Date:**

**DD / MM / YYYY**



# AN GARDA SÍOCHÁNA



# NATIONAL VETTING BUREAU

## PARENT/GUARDIAN CONSENT FORM (NVB 3)

## Applicant Details

**Forename(s):**[illegible]

**Surname:**

[illegible]**Date Of Birth:**

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

## Parent/Guardian Details

**Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.**

**Forename(s):**[illegible]

**Surname:**

[illegible]

**Relationship to applicant:**

**Father:**

|  |  |
|--|--|
|  |  |
|--|--|

**Mother:**

|  |  |
|--|--|
|  |  |
|--|--|

**Guardian:**

|  |  |
|--|--|
|  |  |
|--|--|

**Address:**

**Line 1:**

[illegible]

**Line 2:**

[illegible]

**Line 3:**

[illegible]

**Line 4:**

[illegible]

**Line 5:**

[illegible]**Eircode/Postcode:**[illegible]

## Parent/Guardian Consent

**I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.**

**Parent/Guardian  
Signature:**

|  |
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Date:

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| Y | Y |
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## Membership Application Checklist

Before submitting your application, please ensure that you have completed and attached all of the below in order to ensure we can process your application:

### Form 1 – Youth Membership Application Form:

I have completed the form in clear block capitals.

☐

### Form 2 – ID Verification Form:

I have met with my local Irish Red Cross Branch and my ID Verification form has been signed off by the Branch Secretary, Treasurer, Chair or Vice-Chair. **DO NOT SEND ANY COPIES OF ANY ID DOCUMENTS WITH YOUR APPLICATION TO HEAD OFFICE.**

☐

### Form 3 – Youth E-Vetting Invitation Form:

I have completed this form including an e-mail address for my parent/guardian which will allow me to complete my Garda Vetting online.

☐

### Form 4 – Parental Consent Form:

This form has been signed by my parent/guardian.

☐

### ID Photograph:

I have attached a head and shoulders passport-style photograph or have sent a digital photo to [membership@redcross.ie](mailto:membership@redcross.ie)

☐

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send all of the above together to:

**Membership Section, Irish Red Cross, 16 Merrion Square, Dublin 2, D02 XF85**