



**Ballyboden St Endas GAA Camogie  
And  
Ladies Football Club  
CLG Baile Buadain Naomh Éanna**

**Existing Mentor's Information Form**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Previous name (if any): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Teams Involved with: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Please give details of any previous involvement in the GAA, or in any other sports organisation, including coaching experience and first aid qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration**

I confirm that the above information is true and that nothing within my personal or professional background deems me unsuitable for a position which involves working with children/young people in the GAA.

I acknowledge that I have received a copy of the GAA booklet entitled '*Code of Behaviour for all persons working with young people*', which I have read and understand in full. I agree to be bound by the principles set out in the code while acting in any capacity or performing any related duties with young people on behalf of the club.

I enclose confirmation from the GAA National Children's Office in Croke Park that my Garda Vetting Application has been processed and my application has been accepted.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Club Use Only.** Form Checked By: \_\_\_\_\_

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