

**FOR OFFICE USE**

Volunteer Ref # \_\_\_\_\_ Date \_\_\_\_\_



# Volunteer Application Form

Thank you for your interest in volunteering with *The Village*.

Volunteers play a vital role in the communities of our schools. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

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## Personal Details

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

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

County: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth-date: \_\_\_\_\_  
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## Equal Opportunities

*The Village* is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability, age or membership of the Traveler Community. *The Village* fully endorses a working environment free from discrimination and harassment.

*The Village* is committed to standards of excellence in Child Protection practices. Where your volunteer role may have direct contact with children, you will be required to complete a Garda Vetting Form, which will be processed by the national office of *The Village*. In the meantime, please complete the question below.

Have you ever been convicted of an offense?

Yes  No

If yes, please provide details below

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When are you available for voluntary work?  Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## References

**1.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**2.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**For office use only**

**Notes**

Volunteer Position \_\_\_\_\_

Volunteer Interview \_\_\_\_\_

Volunteer Role Description sent \_\_\_\_\_

References Collected \_\_\_\_\_

Volunteer Start Date \_\_\_\_\_