

Volunteer Application Form

Fr McGrath Centre

Please tick which of our programmes/services you are applying to volunteer with.

The Learning Tree Childcare Facility ___

Children and Youth Services _____

Community Development Programme ___

1. Full Name _____

2. Also Known As _____

3. Home Address _____

4. Telephone _____ Mobile _____

5. Email _____

6. Date of Birth _____

7. Place of Birth _____

8. Occupation _____

9. Qualifications _____

10. Please outline any previous experience/skills/training you have which may be relevant.

11. Have you/do you volunteer with other organisations? If so please give their details and a contact person.

12. Do you suffer from any illness/medical condition which may at times affect your ability to volunteer or which may require specific supports or which we should be aware of?

13. Please outline your reasons for wishing to volunteer.

14. Please outline the days and times which you may be available to volunteer.

15. Please supply the contact details of two referees, not related to you, who know you well and can provide us with a reference.

1. Name _____
Address _____

Phone _____
In what capacity do you know this person?

2. Name _____
Address _____

Phone _____
In what capacity do you know this person?

16. Any further information you wish to include:

17. Declaration.

Have you ever been convicted of a Criminal Offence or been the subject of a caution or of a Bound Over Order? YES _____ NO _____

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

Are you willing to be the subject of a Garda Vetting process? Yes _____ No _____

I confirm that nothing within my personal or professional background deems me unsuitable for a position, which involves working with children or young people.

I also declare that the above information is true.

Signed _____ Date _____

Received by: _____ Date _____

The information you have provided will only be used for the purposes of volunteering within the The Fr McGrath Centre. Thank you for your interest.