



FOR OFFICE USE

Volunteer Ref # _____ Date _____

Volunteer Application Form

Thank you for your interest in volunteering with Mounthtown Community Facility. 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.

Personal Details

Name: _____ Mr. Mrs. Miss. Ms.

Postal Address: _____

County: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

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

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Equal Opportunities

Mounthtown Community Facility 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, colour, nationality, religion, sex, marital status, family status, sexual orientation, disability, age or membership of the Traveller Community. Mounthtown Community Facility fully endorses a working environment free from discrimination and harassment.

All staff and volunteers are required to complete a Garda Vetting Form as part of the application process. In the mean time, please complete the question below.

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

Yes No

If you ticked yes, please provide details below

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No

If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Are you applying for a specifically advertised position? Yes No

If yes, please write the following; Role name _____

Reference # _____

5. What kind of voluntary work interests you?

Reception

Other

If other please specify:

6. When are you available for voluntary work? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

7. How long do you intend to volunteer for? _____

(note that some opportunities demand a minimum time commitment, also maximum time is 6 months before review)

8. How did you find out about volunteering with Mounttown Community Facility ?

Information / Outreach meeting

Mounttown Community Facility Website

Leaflet / Poster

Word of Mouth

Internet www. _____

Other _____

A Volunteer Centre

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: _____

If you have any queries when completing this application form, please phone [01 6636131](tel:016636131) or e-mail PeterMcGeough@MounttownCommunity.ie

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of Mounttown Community Facility

Signed _____ Date _____

For office use only

Notes

Volunteer Position _____

Volunteer Interview _____

Volunteer Role Description sent _____

References Collected _____

Volunteer Start Date _____

