

FOR OFFICE USE	
Volunteer Ref #	Date

## **Volunteer Application Form**

Thank you for your interest in volunteering with Dominics Community Centre. 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  Name: Re				
Telephone: (Home)	(Mobile)			
Equal Opportunities  Dominics Community Centre 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. Dominics Community Centre 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 bel				
Have you ever been convicted of an offence in the Republic Yes No If you ticked yes, please provide details below	of Ireland or elsewhere?			

## Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No No If you answered yes, please tell us a little about the experience.							
				•			
<b>2.</b> Why do	you want to	volunteer no	w? What has n	notivated you	ı to get in to	uch with us	s?
3. Do you h	nave any par	ticular skills	or qualities tha	t you could u	ıse in your \	oluntary wo	ork?
	, ,			,			
<b>4.</b> Are you	applying for	a specifically	advertised po	sition? Yes [	☐ No ☐		
If ves nlea	se write the	following: Ro	ole name				
ii yes, piea	30 WIIIC IIIC	ioliowing, ixe	oc name				
5. What kin	d of volunta	ry work intere	ests you?				
	ildcare volun uth work volu						
☐ Wo	rking with ol	der people v					
		rden volunte Reception vo					
Other  If other please specify:							
6. When are you available for voluntary work?							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	,		,				
Afternoon Evening							
Lveriling							
7		بلمر رام رام رام المرا	f O				
		end to volunte unities dema		time commit	ment, also r	maximum ti	me is 6 months
before revi							

8. How did you find out about volunteering with Domini  Information / Outreach meeting  Dominics Community Centre Website  Leaflet / Poster  Word of Mouth Internet www  Other  A Volunteer Centre  Media Radio / Television / Newspaper	cs Community Centre?			
References				
<b>1.</b> Name:	Relationship:			
Place of Work:(If applicable)	Position:			
Telephone: (Home)	(Mobile)			
E-Mail:	-			
<b>2.</b> Name:	Relationship:			
Place of Work:(If applicable)	Position:			
Telephone: (Home)	(Mobile)			
E-Mail:	-			
If you have any queries when completing this application manager@dominicscc.com or If you would like to find onto our website <a href="http://www.dominicscc.com">http://www.dominicscc.com</a>	on form, please phone 01-4590770 or e-mail out more about Dominics Community Centre log			
Is there any additional information you would like to bri	ng to our attention?			
I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of Dominics Community Centre.				
Signed	Date			

For office use only	Notes
Volunteer Position	<del>-</del>
Volunteer Interview	-
Volunteer Role Description sent	-
References Collected	
Volunteer Start Date	-