

Volunteer Application & Declaration Form | 2015

(This form should be accompanied by two forms of identification including one photo ID)

Thank you for your interest in becoming a volunteer with the Listowel Family Resource Centre (LFRC) in Listowel. To see if we can match your interest in volunteering with LFRC please complete this form and return it to us at your convenience. If a volunteer opening is available or later identified for you, we will seek two references. There is a trial period for all volunteers within LFRC, during which time appropriate inductions and training will be provided. We will contact you within 4 weeks of receiving your completed application to confirm whether a vacancy exists or to update you on progress.

CONFIDENTIAL

First Name/s: _____ Surname: _____

Address: _____

Tel. No. _____ email address: _____

Male ☐ Female ☐

Age 16 – 18 years ☐ (D.O.B. _____)

Have you done Volunteering before: Yes ☐ No ☐

If yes please give brief details:

To help us match you with opportunities, what days/times would best suit you and how often would you be available for work?

What type of volunteering interests you? _____

Would you be interested in the following areas: *Please tick if yes*

Crèche/Pre-school (up to 5 years) ☐ After School (5 to 12 years) ☐ Fundraising ☐
Management Committee ☐ Community Projects ☐ Mini Bus Driving ☐ Other ☐

What skill, qualities and experience could you bring to LFRC?

What do you hope to gain from volunteering with LFRC?

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Other information – please use this space to include any other information you think may be relevant to your application!

Please provide names and addresses of two people (who are not related to you) **whom we can contact for a reference:**

Name:

Name:

Address

Address:

Telephone No.

Telephone No.

Due to the nature of work undertaken at LFRC and the vulnerable client groups that we deal with, it is essential all volunteers and paid staff are checked. Do you give your permission to the following:

- | | | |
|---|-----|----|
| 1. Garda Clearance Check | Yes | No |
| 2. Supply name of your doctor for us to obtain a certificate of fitness. | Yes | No |
| 3. Provide proof of Identity (passport/drivers licence, utility bill with address) | Yes | No |
| 4. Are you willing to participate in Keeping Safe/Children's First Training? | Yes | No |
| 5. Will you read and implement our child protection policies and procedures? | Yes | No |
| 6. Do you agree to read and abide by all our policies including our Confidentiality policy? | Yes | No |

DECLARATION OF SUITABILITY TO WORK WITH CHILDREN / YOUNG PEOPLE

I _____ hereby declare that there is no reason known to me and there are no convictions, claims or complaints (past or pending) against me relating to children or young people or venerable adults that would deem me to be unsuitable to work with children / young people and carry out my role within Listowel Family Resource Centre.

Should any criminal charges be made against me, whilst I am associated with Listowel Family Resource Centre, I undertake to immediately inform the Manager.

I understand that making a false declaration would be grounds for terminating my voluntary work with Listowel Family Resource Centre.

I give permission to Listowel Family Resource Centre to vet me with the Garda Central Vetting Unit and to check my references.

Signed:

Date: