

COACTION WEST CORK

Volunteer Application Form

Name: _____

Address _____

Date/Place of Birth _____

Phone: _____ Mobile _____

Occupation: _____ P.P.S. No. _____

Brief Summary of Previous Voluntary and Work Experience:

Why do you want to volunteer with CoAction West Cork?

What skills, experience, hobbies or interests do you have which you feel may be useful to you as a volunteer?

Do you prefer to work: In a group: _____
 Individually: _____
 With Children: _____
 With Adults: _____

Are you available on a regular basis? _____

Do you have a full clean driving licence? _____

	All Day	A.M.	P.M.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Where did you hear of our volunteer programme?

Papers _____ Presentation _____ Flyers _____ Website _____ Word of
Mouth _____ Other (please specify) _____

Do you have any health issues that could interfere with your

Volunteering? _____

Your application must be accompanied by two references, (non-relative) e.g. school principal / year head / present or previous employer.

Have you ever been dealt with under the **Garda Juvenile Liaison** scheme or the **Garda Adult Liaison Scheme**?

Yes. No.

If yes give details.

Have you ever been charged or convicted of any criminal offence?

Yes. No.

If yes give details:

Have you ever been the subject of an allegation or investigation in this or any other jurisdiction arising from a complaint or allegation of abuse of a child or other vulnerable person?

Yes. No.

If yes give details:

Declaration:

I confirm that to the best of my knowledge the information given on this form is accurate and that any false or misleading information submitted by me will render me liable to automatic dismissal.

I am aware that my obligation of confidentiality covers any information I receive in the course of my work in relation to any service user.

Signature of Applicant _____

DATE: _____

This information is confidential to CoAction and will not be disclosed to any person without your permission.

Please return to:

**The Volunteer Coordinator, CoAction West Cork, Slip, Bantry,
Co. Cork 027-50114
Direct Line: 027-54027**