

**Volunteer Application Form**

1. Personal Details:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone Number(s) |  |
| Email |  |
| Occupation |  |

2. What voluntary position(s) are you interested in applying for?

3: Please circle/highlight any relevant skills and interests you have which could be beneficial to the Anne Sullivan Centre as a volunteer?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Advocacy | Sign Language | Assistive Technology | Befriending | Cookery |
| Driving | Fundraising | Computer skills | Horticulture | Swimming |
| Pet care | DIY skills | Arts and crafts | Outreach Support | Gym |

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What motivates you to volunteer with the Anne Sullivan Centre ?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If you would like to provide details of recent work/voluntary experience please do so below:

|  |  |  |
| --- | --- | --- |
| Period from / to | Name and address of Employer | Position held |
|  |  |  |
|  |  |  |
|  |  |  |

6. If you would like to provide details of your Education and Training please do so here:

|  |  |  |
| --- | --- | --- |
| Period From / To | Name of Institution | Qualifications / Course Title |
|  |  |  |
|  |  |  |
|  |  |  |

7. Is there any other information you feel is relevant to your application?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Please circle or highlight what days and times that are most suitable for you to volunteer:

Mornings Mon Tue Weds Thurs Fri Sat Sun

Afternoons Mon Tue Weds Thurs Fri Sat Sun

Evenings Mon Tue Weds Thurs Fri Sat Sun

9. Referees. (Please supply the names and contact details of two people whom we can contact and who from professional knowledge will be willing to endorse your application)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Garda Vetting and Confidentiality:

I agree to cooperate with the Garda Vetting Process if I am accepted to train as an Anne Sullivan Centre or Foundation volunteer and to sign a confidentiality statement.

Signed

Date

## **Thank you for your interest in the Anne Sullivan Centre**.

## 

## Please return your application by post or email to

## Mr Stephen Sheppard,

## The Anne Sullivan Foundation,

## Brewery Road,

## Stillorgan,

## Co. Dublin

Mobile: 086 4034578

Email: ssheppard@annesullivancentre.ie

For further information on The Anne Sullivan centre pleaase visit our website

[www.annesullivan.ie](http://www.annesullivan.ie)