



VOLUNTEER APPLICATION FORM

Confidential

Personal Details

MS/MR:

Forename: _____ Surname: _____

Date of Birth: ____/____/____

Address: _____

Day time telephone: _____

Mobile: -

Email: _____

Full Driver's License: Yes No

Experience

Occupation: _____

Employer: _____

Please list qualifications/training/work experience you think relevant

Volunteering

Have you ever or are you currently doing voluntary work? If yes, please give details

When would you be free to volunteer? _____

All year round School term Summer time

What time can you offer per week

| | Morning | Afternoon | Evening | Anytime |
|-----------|---------|-----------|---------|---------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |

Why have you applied to volunteer with the Coeliac Society of Ireland?

All volunteers are asked to take part in fundraising events, please indicate your preference:

Church gate collection Fun Run Workplace fundraiser
Supermarket bag pack Host your own event

If there is anything which you feel might impair your work as a volunteer, please feel free to mention it here

What are your Hobbies/Interests/Spare Time Activities?

How did you hear of the Coeliac Society of Ireland?

Do you have a criminal record? Yes **No**

This may not prevent you from volunteering; however this is dependent on the nature of the conviction

I accepted as a volunteer with the Coeliac Society of Ireland, I recognise that:

- Most roles in the Coeliac Society of Ireland require a 6 month commitment. I agree to advise the society promptly if I am unable to keep this commitment.
- I would be on a 1 month trial period after which my placement would be reviewed
- Some roles within the Coeliac Society require Garda vetting. I agree submit to a Garda Vetting if required for my role
- I declare that the information I have given, is to the best of my knowledge, true and accurate

Signature: _____

Date: _____

Is there any time you are not available for an informal meeting?

If successful, when could you start? _____

Referees (Someone to whom you are known to for at least 1 year e.g. previous employer, work colleague, teacher, doctor, community leader etc.)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

Please return this form to:

Coeliac Society of Ireland, Carmichael Centre for Voluntary Groups, 4 North Brunswick Street
Dublin 7. Telephone: (01) 872 1471 Email: info@coeliac.ie

Thank-you for your interest in the Coeliac Society of Ireland

www.coeliac.ie Charity No: CHY7484