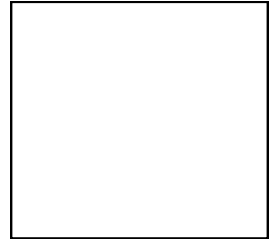




Volunteer Application Form



Name (Mr/Mrs/Ms)				
Present address				
Home phone number				
Mobile phone number				
Email address				
Age range (please circle)	15-19	20-24	25-35	35+

Please select the area you wish to volunteer in. If Youth club/project is known please provide the name

City Centre

Southside

Northside

County

Special skills or qualifications:

Please detail any special skills & qualifications you have acquired from employment or other means that may be relevant to the volunteer role you are applying for.

Please give details of any youth training/ previous experience/involvement in youth activity/clubs.

Availability (Please indicate hour many hours per week/month you would like/be available to volunteer for ;)
(Minimum commitment is 4 hours per month)

Please indicate what days/times you are available for:

Why you wish to become a volunteer?

Do you suffer from any illness/disability/medical condition which may at time affect your ability to work with young people? If so, please give details. Yes No

References

Please supply details of two persons (non relative or friend) aware of this application and over 18 who can provide us with a reference.

Name: _____

Name: _____

Address: _____

Address: _____

Contact No: _____

Contact No: _____

Email _____

Email _____

Position: _____

Position: _____

Are there any current/ previous personal, employment or volunteer background reasons that may be recognised now or at a later stage as deeming you unsuitable to work with children and/or young people? If yes please state your reason(s) below.

Please ensure that all sections are completed as failure to do so could result in delays in your application being processed.

Garda Vetting & Declaration of Suitability

- I agree to be Garda Vetted if I am accepted as a Limerick Youth Service Volunteer.
- I declare that the above information is true and agree that I will abide and accept the terms and conditions of participation.

Signed: _____

Date: _____

Thank you for your interest in volunteering with The Limerick Youth Service.

For office use only

Checked by phone/email/post: (Please circle)

Date: -----

Follow up: _____

References Returned: Yes No