Volunteer Application Form



Contact Information

Name	
Street Address	
Town or City	
Mobile Phone	
Work Phone	
E-Mail Address	

Availability

When are you available to volunteer, please 'x'.

Time/ Day	М	T	W	Т	F	S	S
AM							
PM							
EVE							

Notes. Please state any specific weeks or months in the year that suit or don't suit you best. Mention planned holidays here too.

Interests

Tell us the areas that interest you for volunteering, please 'x'.

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Administration	Trade skills (plumbing, electrics, etc)
Events	Newsletter production
Field work (outreach)	Volunteer coordination
Fundraising (organizing and events)	Project work (general)
Deliveries (helping van driver)	Other (please state)

Notes

Please tell us briefly why do you want to volunteer with Coolmine?

Please tell us briefly wha	t you hope to gain from your volunteering experience with us?
	educational background, work or volunteering experience the volunteer role you are applying for?
	, , , , ,
Special Skills/ Compe	tencies
State briefly special skill	ls and transferable competencies you have acquired from
	olunteer work, or through other activities, including hobbies
or sports that could supp	port you deliverables?
Previous Volunteer Ex	
State briefly any previou	us volunteer experience in the last 5years
Do you have any specia	al needs you want to share with us?
Contact Person in Cas	se of Emergency
Name	
Street Address	
Town or City	
Mobile Phone	
Work Phone	

E-Mail Address	
References	
First Name	
Mobile Phone	
E-Mail Address	
Second Name	
Mobile Phone	
E-Mail Address	
understand that if I am ac misrepresentations made I Please note that Garda \ organisation it is Coolmine religion, national origin, get 'I confirm that I have read and	ion, I affirm that the facts set forth in it are true and complete. I cepted as a volunteer, any false statements, omissions, or other by me on this application may result in my immediate dismissal. /etting is a requirement for all/some volunteer roles within our policy to provide equal opportunities without regard to race, color, inder, sexual preference, age, or disability.
Name (printed)	
Signature	
Date	
Age: I am over 18	
Please return by email to <u>l</u>	his application form and for your interest in volunteering with us. of o @ coolminetc.ie
Internal Use	



Coolmine Therapeutic Community

Self-Declaration Form

For the Protection of vulnerable groups

Private & Confidential: Please read this section.

The position that you have applied for will, or may, involve you working with vulnerable adults and or children. In order to protect these people, yourself and Coolmine you are required to disclose all convictions (spent and unspent), cautions, and any relevant non-conviction information. Please give details regarding any convictions and cautions under the heading in Section 1, and any relevant non-conviction information in Section 2. Please sign the declaration form Section 3. If any section or part of section is not relevant please do not leave blank, this may hold up your application, write N/A (Not applicable).

If you wish to discuss the form in confidence, please contact the volunteer/ student placement officer or HR. All information is treated in strictest confidence.

Section 1

d)

a)	Please give the date and details of any conviction(s), the sentence that you received and the court where your case was heard:
b)	Please give details of the reasons and circumstances that lead to your offence(s)
c)	Please give details of how you completed the sentence imposed, (for example did you pay your fine as required, what conditions were attached to your probation/community service/supervised attendance order, did you comply with the requirements of your order/custodial sentence etc.

Has any other organization supported you to work through any of the above issues?

e)	What have you learned from the experience?		
	n 2 : Non-conviction relevant information : (investigation by police, involvement with Services, etc.).		
Sectio	n 3		
Declaration (I certify that all information contained in this form is true and correct to the best of my knowledge and realize that false information or omissions may lead to dismissal or withdrawal of any offer of employment/volunteering).			
Name:	Date:		
NOTE: The information given in this form will be treated in the strictest confidence. Thank you for completing this application form and for your interest in volunteering with us.			