



Reference (official use only) _____

Volunteer Application Form

(All information will be treated in confidence)

Surname: _____ Forename: _____ Mr/Mrs/Miss/Ms

Address:

Telephone: Home: _____

Mobile: _____

Email: _____

Occupation: _____ Date of Birth: _____

Next of kin: _____ Relationship to you: _____

Phone No: _____

Do you have any medical condition/illness that might affect your work as a volunteer? If yes, please give details:

Are you engaged in other voluntary work? Please give details?



How did you hear about the IMNDA? _____

Why have you chosen to seek a volunteering opportunity with the IMNDA?

Have you had any experience, personal or otherwise, with MND? Have you had any experience of persons who have been bereaved by MND? Have you suffered a recent loss? If yes to any of these questions, please let us know what your experience has been and how long ago it was:

Time availability

We ask for volunteer to commit to a morning or afternoon or evening depending on the event

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Number of hours per week ___/ two weeks ___ / three weeks ___ / month ___

Do you have computer/admin skills? _____

(Computer skills can be helpful but are not essential)

PC Skills & Knowledge	Basic	Intermediate	Advanced
Word			
Outlook			
Internet			



Garda Vetting Referees (all applicants)

You will be aware that as we work with vulnerable people, we have to be very vigilant in all our recruitment activities for both paid staff and volunteers.

We will therefore ask you to complete a Garda vetting form before you begin work as a volunteer. The IMNDA will then submit the garda vetting form on your behalf only if you are accepted as a volunteer on the programme.

Unfortunately Garda Vetting is not transferable between organisations.

This means that unless you have received Garda Vetting through the IMNDA in the last three years we will ask you to complete the form.

1. Name: _____ Address: _____
Telephone No: _____
Position Held: _____
Relationship to you: _____

2. Name: _____ Address: _____
Telephone No: _____
Position Held: _____
Relationship to you: _____

Please note your referees will be contacted before you start as a volunteer with us. The Garda reference check will take place only if you are accepted as a volunteer with this programme.



Any other comments you would like to add:

I declare that the information I have given is, to the best of my knowledge, true and accurate and that I understand that I will be subject to a Garda vetting check.

Signed: _____

Date: _____

Please return completed form to:

Fundraising Team
IMNDA
Coleraine House
Coleraine St
Direct Line: 01 8730 422
Email: info@imnda.ie