



## Association Visitor Application Form

*(All information will be treated in confidence)*

Please complete all sections of the form clearly. You may use additional paper if necessary.

### Your Details:

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a full driving licence?      Yes       No

If yes, do you have use of a vehicle?      Yes       No

What is your employment status?

Full Time    Part Time    Retired    Student

Unemployed    In the home    Self Employed

### Your Skills & Experience:

Please give details of any life/work experience, education or other voluntary work that you consider relevant

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

How will this experience benefit you in the role of Association Visitor?

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Why would you like to become an Association Visitor?

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Have you any experience, personal or otherwise, with MND? Have you suffered a recent loss? If yes to either question, please let us know what your experience has been and how long ago it was:

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**Commitment, Availability & Training:**

The role of Association Visitor is flexible, however it does require a commitment of 2-4 hours per week. Can you please indicate when you are most likely to be able to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

The training programme will consist of two separate training days (dates to be confirmed) and both days must be attended. Please indicate your preferred training location.

Dublin  Mallow, Co Cork  Galway City

### Referees & Garda Vetting:

As we work with vulnerable people we have to be very vigilant in all of our recruitment activities be they for paid staff or volunteers. We will therefore ask you to submit to a Garda Vetting Check.

Also, provide us with the details of 2 referees who you know well whom we can contact (one of which should be known in a professional capacity, i.e. present/former employer). Please let them know that you have named them as referees and that the association will be contacting them in the near future. Referees may be contacted before we meet with you.

	Referee 1	Referee 2
Name:		
Address:		
Telephone:		
Email:		
Position:		

Have you ever been convicted of a criminal offence? Yes  No

If yes, please provide details of the offence and the sentence imposed on a separate sheet of paper.

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 should my application be successful.

Print Name:

Signature:

Date:

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Please return completed form to:

Association Visitor Programme  
IMNDA  
Coleraine House  
Coleraine Street  
Dublin 7