



IMNDA Volunteer Application Form

Please forward completed applications by email to fundraising@imnda.ie or post to:

IMNDA, Unit 3, Ground Floor, Marshalsea Court, 22/23 Merchant's Quay, Dublin 8.

To speak to a member of the IMNDA team please call us on 01 873 0422

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| First Name: | Surname: | |
| Address: | | |
| Email Address: | Contact Phone number: | |
| Present Occupation: | | |
| Does your company have a Corporate Social Responsibility Programme? | | |
| Would you actively nominate and canvass for the IMNDA within your workplace? | | |
| Do you have a connection with the IMNDA? | | |
| Voluntary Experience Please give details of any voluntary work you have previously participated in | | |
| | | |
| Some of the IMNDA's volunteer opportunities may require you to be Garda vetted | | |
| Have you ever been Garda Vetted? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, can you provide evidence of this? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If no, would you be willing to be Garda vetted? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Employment History In order of most recent, please describe your employment history to date | | |
| From/To | Employer | Main Duties/Responsibilities |
| | | |
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| | | |



Why do you want to volunteer with the Irish Motor Neurone Disease Association?

What skill, qualities and hobbies do you have that may be relevant to voluntary work with the IMNDA?

Community Engagement

As an IMNDA volunteer we need your help throughout the year with our events and campaigns. Please tick the areas below that you would be willing to participate in or assist with.

- | | |
|--|--------------------------|
| Easter Hamper Raffles | <input type="checkbox"/> |
| Walk While You Can 5k every September | <input type="checkbox"/> |
| Church Gate Collections | <input type="checkbox"/> |
| Being an 'Ambassador' i.e. Attending cheque presentations and speaking on our behalf | <input type="checkbox"/> |
| Drink Tea for MND every June | <input type="checkbox"/> |
| Linking us in with external sponsors / corporate contacts | <input type="checkbox"/> |

We feel that it is of vital importance to keep all of our volunteers informed about the IMNDA as a whole and that volunteer have access to up-dated information about the organisation. We communicate with our volunteers on an on-going basis via email, mail and phone.

I agree to the IMNDA adding my personal details to their database

I am happy to be contacted by the IMNDA in the following ways: (tick one or more of the below):

Email

Post

Phone

Applicant Declaration

I declare that all the information I have given is true to the best of my knowledge and that inaccurate or false information may result in an offer of a placement being withdrawn.

Applicant's signature:

Date: