Application Form

For the position of
Part Time Volunteer

Dublin Simon Community
Volunteer Office
PO Box 581
Dublin 2
Ph: 018895800
Email:
aoifepatterson@dubsimon.ie

Private & Confidential
(Please Complete All Sections Fully)

Personal Details

Surname: _____ Mr/Mrs/Miss/Ms/Other (specify) _____

Forename(s): _____

Address: _____

Email: _____

_____

Telephone: Daytime: _____ Home: _____

Are you 18+ _____ _____

Person to be contacted in case of emergency: _____

Present Occupation

When would you be available for interview? _____

When would you be able to start? _____

Where did you hear about Dublin Simon Community?

Can you commit a 12 month time frame?

FOR OFFICE USE ONLY

Date Received: _____ Result: References Requested: _____

Education, Qualifications and Training

_____

_____

From/To	School/College	Results

Voluntary Work

Please give details of any voluntary experience you may have:

Previous Employment

From/To	Employer	Main Duties/Responsibilities	Reasons for Leaving

Please take your time to answer the following questions as fully as possible.
(Use additional paper if necessary)

• **Why do you want to be a Part-Time Volunteer with the Dublin Simon Community?**
• **Please give details of how your education, skills, experience, and non-work activities qualify you to effectively undertake this post.**

Health

Do you have any recurring mental or physical illness? Yes No

If yes can you please describe this illness and how it might impact on your role

(Please note that a problem of this nature will not preclude full consideration of your application)

References

Please give two written references along with the name, address, telephone number and occupation of two referees, who would be in a position to assess your skill, knowledge and aptitude for this post.

Please ensure that all referees are available for references check.

Please note: as references will only be accepted from those who know you in a professional capacity this excludes family and friends.

	Name	
	Address	
	Telephone	

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to the best of my knowledge and that inaccurate or false information given may result in an offer of a placement being withdrawn.

Applicant's signature: _____ ***Date:*** _____

Please send completed forms to: Volunteer manager, Dublin Simon Community, Volunteers Office, Po box 581, Dublin 2