**Part-Time Volunteer Application Form**

Please forward applications by email to [ptv@dubsimon.ie](mailto:ptv@dubsimon.ie) or post to: 5 Red Cow Lane, Smithfield, Dublin 7

To speak to a member of the Volunteer Office team please call us on 01-6354814

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| **Private & Confidential**  Only fully completed applications can be processed - Please complete **all** sections of the application form | | | | |
| **Personal Details** | | | | |
| First Name: Surname: | | | | |
| Gender: Male Female Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Age Group: 18-25 26-30 31-35 36-40 41-45 46-50 Over 51 | | | | |
| Address: | | | | |
| Email Address: Contact Phone number: | | | | |
| Present Occupation: | | | | |
| Does your company have a Corporate Social Responsibility Programme? | | | | |
| Would you actively engage as an ambassador for Dublin Simon Community within your workplace? | | | | |
| Availability:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | | **Morning** |  |  |  |  |  |  |  | | **Evening** |  |  |  |  |  |  |  | | | | | |
| Preferred Service: **Soup Run** **Social Club** **Shops**  Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *For further information, please speak to a member of the volunteer office team.* | | | | |
| How did you hear about Dublin Simon Community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Education, Qualifications and Training**  In order of most recent, please describe your education, qualifications and training to date | | | | |
| **From/To** | **School/College** | | **Course Description** | |
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| **Employment History**  In order of most recent, please describe your employment history to date | | | | |
| **From/To** | **Employer** | | | **Main Duties/Responsibilities** |
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| **Please take your time to answer the following questions as fully as possible** | | | | | |
| **Why do you want to volunteer with the Dublin Simon Community?** | | | | | |
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| **What skill, qualities and hobbies do you have that may be relevant to the volunteer role you are applying for?** | | | | | |
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| **Community Engagement** | | | | | |
| **As a Dublin Simon Community volunteer we may 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.**  Annual Fun Run □  Christmas Campaigns (e.g. Sing for Simon, House of Cards) □  Organising your own fundraising event □  Linking us in with external sponsors □  **We feel that it is of vital importance to keep all of our volunteers informed about Dublin Simon Community as a whole and that volunteers have access to up-dated information about the organisation.**  **We communicate with our volunteers on an on-going basis via email, post or phone.**  **We invite volunteers to attend organisational events and to actively participate in shaping the future of the organisation.**  **If you choose to be contacted for these purposes, your name, email address, phone number and home address (based on your preference) will be shared with fundraising and they may contact you depending on your interests.**  If you wish to be contacted for the above reasons by email □ post □ or phone □ please tick the relevant box | | | | | |
| **References** | | | | | |
| **Please provide contact details of two referees who would be in a position to assess your skill, knowledge and aptitude for this post, preferably previous employer(s) or people who know you in a professional capacity. We only contact references in the case you are successful at interview stage and we will ask your permission again before we do this.** | | | | | |
| **Name of Referee 1:**  Relationship to you:  Title:  Phone Number:  Email Address: | | | **Name of Referee 2:**  Relationship to you:  Title:  Phone Number:  Email Address: | | |
| **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.  The information on this form will be used for the purposes of processing your application for the position of full time volunteer. If you are successful this form will be held on file for 3 years. If unsuccessful, it is archived and held for 1 year, as we use this to track the recruitment process and for statistics.  **Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |