



## Confidential Volunteer Application Form

Volunteers play a key role in helping to ensure that Clann Mór continues to be shaped by a wide range of people. Clann Mór policies are framed to reflect the principles and declarations of the United Nations, which call for respect, protection of freedom, equality, dignity and autonomy of all human beings.

### Personal Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Telephone number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Are you a car owner? \_\_\_\_\_ Do you have a full clean driving licence? \_\_\_\_\_

Class of licence ? \_\_\_\_\_ Expiry Date? \_\_\_\_\_

Next of Kin (to be contacted in case of an emergency)

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

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

Telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Education/Training

Level of Education: \_\_\_\_\_

Skills/experience relevant to volunteer role: \_\_\_\_\_

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Have you had any training that might be relevant to this role, for example First Aid, Social Care etc?....

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What has been your most successful work/social based initiative to date? Explain.

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What skills or attributes would you bring to this volunteer position, if successful?

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**Other information**

**Social Activities /Special Interests / Hobbies and any voluntary committees/groups that you have held office in:**

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**References x 3 : (Do not include relatives)**

Name, address and telephone number for three referees, one of whom should preferably be your current or last employer.

1. Name:\_\_\_\_\_ Address:\_\_\_\_\_

Years known:\_\_\_\_\_ Occupation:\_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years known: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years known: \_\_\_\_\_ Occupation: \_\_\_\_\_

**DECLARATION BY APPLICANT:**

I hereby declare that all the particulars furnished on this form are true and I am aware of the criteria and particulars for this position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on this application form. Guidelines for posts in healthcare organisations give consideration that persons must undergo Garda Clearance of which Clann Mór will apply for with my consent. I may be required to undergo a medical examination, sign a "Confidentiality Clause" and references will be sought by the company. I understand that any false or misleading information will lead to automatic disqualification and/or dismissal from my role.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return with this form, which we will process as appropriate and provide copies of any supporting documentation. Thank you. We will be in contact with you on receipt.

For Official Use Only

**Date Received:-** \_\_\_\_\_

**Interview Offered/Not Offered:-** \_\_\_\_\_

**Interviewed By:-** \_\_\_\_\_

**Date:-** \_\_\_\_\_

**Position Offered:-** \_\_\_\_\_

**Details and Follow Up:-** \_\_\_\_\_

**Review:-** \_\_\_\_\_

**Comment:** \_\_\_\_\_