

DONEGAL VOLUNTEER CORPS

VOLUNTEER CORP APPLICATION FORM

Name							
Address							
Mobile				Other			
E-mail					Date of Birth:		
Availability	Mon.	Tues.	Wed	Thur	Fri.	Sat.	Sun.
AM							
PM							
Evening							
Do you have any skills/qualities which may be useful to the volunteer corps? (e.g driving, security, gardening, computers etc..)							
In which locality do you wish to volunteer? (you may tick more than one locality)							
Letterkenny			An Ghaeltacht/West Donegal				
East Donegal			North Donegal				
South Donegal			Inishowen				
No preference...							

Do you have any special support needs which we should take into account when placing you in your opportunity, e.g. health problems, a disability or anything you feel we should know about? (If yes, use a separate sheet if needed)	
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Emergency Contact Details:	
Name	
Relationship	
Mobile	Other

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Names of 2 Referees (We reserve the right to follow up on a reference for each Corp member).			
Ref 1 Name		Ref 2 Name	
Relationship to applicant		Relationship to applicant	
Contact No.		Contact No.	
Address		Address	

Is there a particular type of work in the Corp which interests you? Please number in order of preference...			
Emergency response (e.g. floods, snow etc)		Environmental work (e.g. tree planting, clean ups)	
Festivals/Concerts/Sports Events etc		No preference (will be informed of all events)	

Are there any comments/questions you wish to add?

Please note that much of the work of the Donegal Volunteer Corps will be outdoor work which will include some manual work. All members of the Donegal Volunteer Corps must be sixteen years of age or over. A failure to disclose a health condition that may interfere with or affect your ability to volunteer in this role, may result in dismissal from the Corps and also may render any insurance liabilities null and void.

<p>I hereby affirm that this application contains no wilful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and my appointment may be rescinded. I understand that my volunteering is undertaken freely and Donegal Volunteer Centre cannot be held liable for any injuries and/or loss of property incurred during my volunteering.</p>

Signature:	
Date:	

Please return your form to the address below:

DONEGAL VOLUNTEER CORPS
 Donegal Volunteer Centre, Kilashulan Court, Port Road, Letterkenny, Co. Donegal. (074)912 6740