DONEGAL VOLUNTEER CORPS

Request form for Volunteer Corps (P1)

Organisation Name:	
Address:	
Company Registration Number or Charitable Status Number or Tax Registered Number:	
Main contact in organisation:	
Phone Number:	Mobile Number:
Web address:	Primary e-mail:
Project Co-ordinator Name & Address The name of the person who will serve as the co-ordinator of the Corps for the project.	
Phone Number	Mobile Number
e-mail	
Give a brief description of the work of your organisation:	
Give a description of the work/project which you wish to engage the Volunteer Corps in: (Please use extra sheets, and attach any other background information which may be relevant)	
What is the date and time of your event? (Please note, when adding a time and date, you will need to consider the time you need before the event to brief the Corps on the work they will be doing)	

DONEGAL VOLUNTEER CORPS

Request form for Volunteer Corps (P2)

Will the work involved be purely for not-for-		
profit purposes?		
Is the site accessible to people with a		
disability?		
Is there a minimum age commitment?		
If yes - please indicate.		
Does your organisation support equal		
opportunities?		
Will the volunteer be covered by your		
insurance?		
Insurance Company Name & Policy No.		
Please note - it is a requirement that all org	anisations requesting the services of the Donegal	
	rance to cover the involvement of the Corps.	
	such events but please check with your insurers.	
	liability out of claims arising from the Corps being	
involved in a public event.		
Are there any other comments/questions you v	rish to make or ask.	
Comments/Questions.		
We hereby affirm that this application contains no wilful misrepresentations or falsifications and		
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We are aware that should investigation at any time disclose any misrepresentation or		
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Please return your completed form to the address below: