



FEDERATION FOR VICTIM ASSISTANCE

Volunteer Application Form

Thank you for taking the time to complete the following application form. The information submitted on this form assists us greatly in placing people within the Federation. All completed forms are securely stored and all personal information is treated with the utmost discretion.

PLEASE COMPLETE IN BLOCK PRINT

PERSONAL DETAILS.

***denotes optional information**

FIRST NAME(S): _____

ADDRESS: _____

LAST NAME: _____

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

OCCUPATION*: _____

MOBILE NUMBER: _____

EMAIL*: _____

NEXT OF KIN/PERSON YOU WANT CONTACTED (in case of emergency)

NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

EMAIL*: _____

RELATIONSHIP TO YOU*: _____

Please give details of any skills and or qualifications which may assist you in becoming a volunteer with the Federation:

****Please give details of any organisations you have done voluntary work with previously:**

Do you have any disability or physical, sensory, intellectual and/or mental health difficulties or any other condition? If yes give details and describe how we can best accommodate you within the Federation.

When would you be able to start? _____

What times during the week would best suit you to carry out volunteer work for the Federation?

Do you have any criminal convictions, a criminal record or cautions? If yes please give details: _____

Please nominate two people who are not related to you, who are over 18 years, who know you well and who are prepared to act as a referee for you:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

TELEPHONE NUMBER: _____

RELATIONSHIP TO YOU: _____

RELATIONSHIP TO YOU: _____

I certify that the above information which I have furnished is true to the best of my knowledge and that any misrepresentation, false behaviour or false information or any act that may reflect on the Federation in a negative way, will result in an offer of placement being withdrawn or in membership being revoked.

I have no objection to the Federation for Victim Assistance carrying out any reasonable screening check including Garda vetting before and/or during my membership.

**** I am aware that the Federation for Victim Assistance may contact any organisation I have previously volunteered with in relation to this application.**

Signature _____ Date _____

FOR OFFICE USE ONLY	
Result of Screening _____	
Decision of Recruitment Panel _____	
Chairperson of Panel Signature _____	Date _____

