



## Volunteer Application Form

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

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

\_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

- Preference location: Westmeath, Meath, Laois, Offaly or Kildare. Please highlight
- Driver's licence: Full or Provisional or None. Please highlight

1. We would like to know why you want to join Muiriosa Foundation as a volunteer:  
\_\_\_\_\_
2. Or whether you have ever worked with/interacted with people with Intellectual Disabilities?  
If yes, where? \_\_\_\_\_
3. Have you volunteered for other disability/care organisation/s? If yes, where and with what organisation? \_\_\_\_\_
4. Are you presently working or studying or unemployed? If working or studying, please give details, i.e. full time or part time: \_\_\_\_\_  
\_\_\_\_\_

(NB. If you are **unemployed or on the job seekers allowance** and wishing to volunteer, please contact your Social Protection office and ask for and complete form **VW1** (Voluntary Work Option) Return this form to your local Social Protection Office **before** beginning voluntary work)

5. Your work experience to date: \_\_\_\_\_
6. Please list your skills, hobbies and interests: \_\_\_\_\_
7. Is it your intention to commit to voluntary work on a weekly or fortnightly basis? (Please highlight)
8. How **many hours** do you feel you can commit to: Please state: (Minimum of 2 hours weekly commitment) \_\_\_\_\_
9. Have you a **particular day** in mind or are you **flexible**? \_\_\_\_\_
10. **Availability:** daytime / afternoon / evening or open and flexible: (Please highlight)
11. **Duration** / Length of time you feel you can afford? \_\_\_\_\_

12. **Please highlight which of the following volunteer programmes you are interested in:**

1. **Befriending**, a one-to-one friendship & social programme. (12 months plus regular commitment required for this particular volunteer programme)

2. **General/Group work**. (Availability: E.g. running an arts and crafts or photography programme, participating in leisure activities, driving duties/bus escort).

13. Are there any health issues that we need to be aware of? If yes, please state: \_\_\_\_\_

\_\_\_\_\_

Please supply names and **full** addresses of two referees and their telephone numbers whom you have known for at least two years. Friends and family members are excluded. One should be an employer or recent employer.

<b>Name:</b>
<b>Address:</b>
<b>Tel:</b>
<b>Relationship:</b>

<b>Name:</b>
<b>Address:</b>
<b>Tel:</b>
<b>Relationship:</b>

<b>Next of Kin:</b>
<b>Mobile:</b>

Signed: \_\_\_\_\_ (Applicant)

Date: \_\_\_\_\_

**Please return completed application form to:**

**Gerry McLaughlin**  
**Volunteer Programmes Manager**  
**Community Office**  
**Kilmaglish**  
**Knockdrin**  
**Mullingar**  
**Co. Westmeath**  
**087/8059667**  
**Email: [gerry.mclaughlin@muiriosa.ie](mailto:gerry.mclaughlin@muiriosa.ie)**