

Volunteer Application Form



Mid West Simon Community
P.O.Box 489
Speaker's Corner
Lower Carey's Road
Limerick

T: (+353) 061 608980

E: reception@mwsimon.ie

W: www.midwestsimon.ie

Information on this form is strictly confidential. Volunteers must be over 18 years. Please complete and return to reception@mwsimon.ie Name _____ Are you over 18?

Address _____

Tel: _____ Mob: _____ Email: _____

Next of Kin: _____ Contact No. _____

Are you currently? Employed Student At Home Other

If employed, please continue

Present Employer _____ Present

Occupation _____ Please give details _____

Company donations and employee fundraising events are an important element of our overall income. To help us understand how your company and/or Sports & Social Club support local charities would you be agreeable to a member of our fundraising team contacting you to discuss this on a strictly confidential basis: Yes No

What do you know about Mid West Simon Community (MWSC)?

Have you ever been or are you currently involved with any other voluntary organisation?

Why do you want to volunteer at MWSC?

What skills and qualities can you bring to MWSC?

Do you have a full driving licence?

What is your availability? Please note Mid West Simon Community request a minimum of 4 hours per week.

Please tick:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening

- Six months is the minimum time commitment for volunteers. Can you meet this requirement?
Yes No
- All volunteers agree to work to the values and policies of Mid West Simon Community.
- Staff and volunteers work as part of a team.
- I would like to volunteer for the following: (Please tick)
 - Administration Support/ Reception
 - Fundraising & Events, Bucket collections, etc.
 - Volunteer Coordinator
 - Personal Services such as Hairdressing, Physical/Physiotherapy, Fitness Instructing
 - Appointment/Personal Support for clients or Mentoring
 - Driver (Full clean licence required)

Please provide the names of two referees (neither can be friend or family)

Name	Name
Address	Address
Contact number	Contact number
Relationship to you e.g., teacher/doctor/ local garda/ local clergy	Relationship to you e.g., teacher/doctor/ local garda/ local clergy

Is there any other information you would like us to know about you?

Signed: _____

Date: _____

Admin use only:

Form Rec'd _____ Induction _____ Admin _____

References _____ Project _____ Start date _____

DATA PROTECTION STATEMENT

Mid West Simon Community CLG will process and be in control of the data provided on this form.

The information which you provide in this form and any other information obtained or provided during the course of your volunteering with us ("the information") will be used for the purpose of assessing your suitability for roles, in emergency situations e.g. to protect life or in a medical situation, and in relation to legitimate interests of our business.

If you choose not to accept any offer of voluntary role that we make, the information will be retained for a further 6 months in the event of a more suitable opportunity arising, after which time it will be destroyed. You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

If your application is successful, the information will form part of your volunteer file and we will be entitled to process it for all purposes in connection with your voluntary role.

So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section below. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Signed: _____

Date: _____