



<i>Official Use Only</i>	
Date Received:	_____
Signed:	_____

VOLUNTEER

APPLICATION FORM

If you have any difficulty completing this form please contact the administration office at 01 8747085 between 9 a.m. and 1 p.m.

Confidentiality

The information supplied in this application form is completely confidential to Dyspraxia/DCD Ireland's Board of Directors and administrative staff and will not be shared with anybody else.

Name: _____

Address: _____

Phone No: Home: _____ Mobile: _____

email: _____

Date of Birth: _____ Occupation: _____

Availability

Please indicate your general availability:

	10a.m. – 1.p.m.	1 p.m. – 4 p.m.	4 p.m. – 7 p.m.	7p.m.- 9.30 p.m.
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



(These days are general guidelines and may be varied in line with personal circumstances)

1. What are your reasons for wishing to become involved with Dyspraxia/DCD Ireland as a volunteer?

2. Please indicate what skills, qualifications, experience or interests you have that would help with your role as a volunteer.

3. Please give a brief summary of previous (if any) voluntary or community work you have done

4. Please list any additional information you wish us to know

How did you hear of Dyspraxia/DCD Ireland?

Are you willing to complete a Garda Clearance Form? Yes _____ No _____

Would you be available to come to Carmichael House for a meeting with the CEO?
Yes _____ No _____

Signature: _____ **Date:** _____

Please provide us with a copy of your CV if possible



References

Please supply names, address and telephone numbers of two people, who are not related to you, from whom the Dyspraxia/DCD Ireland could obtain references. This is a standard requirement and nobody will be contacted until you have been accepted as a volunteer with Dyspraxia/DCD.

1. Name _____
Address _____

Telephone Number: _____

Capacity in which you know this person

2. Name _____
Address _____

Telephone Number: _____

Capacity in which you know this person

The Referees will be sent a copy of the following letter.



[Insert Date]

Dear (Referee's name)

(Volunteer's name and address) has applied to us to become a volunteer with our organisation and has given your name as a referee. I should be grateful if you would assist us by completing the enclosed Reference Form. Your replies will be treated in strict confidence.

I would be grateful for any information you may be able to give us about (volunteer's name) to indicate his or her suitability or unsuitability to act as a volunteer.

I look forward to hearing from you. and I enclose a stamped, addressed envelope for your convenience.

I appreciate your help in this matter.

Yours sincerely,

Harry Conway
CEO



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Date Received: _____
Signed: _____

Reference Check Form for Dyspraxia/DCD Ireland

Applicant's Name and Address _____

Confidential Report by Personal Referee

1) How long have you known the applicant? _____

2) What is your relationship to the applicant? _____

3) How would you describe the applicant's ability to get along with others?

4) Please evaluate the applicant in the following areas using the scale where:

1 = Poor and 5 = Excellent:

Reliability	1	2	3	4	5	Communication Skills	1	2	3	4	5
Flexibility	1	2	3	4	5	Responsibility	1	2	3	4	5
Time Management	1	2	3	4	5	Honesty	1	2	3	4	5

5) Are you aware of any circumstances which would make this applicant unsuitable to work with children?

6) Is there anything else you would like to tell us about the applicant that might help us make a suitable match?

Print Name: _____

Signed: _____

Date: _____

