VOLUNTEER

APPLICATION FORM

Personal Details

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| First Name\* |  | Surname\*  |  |
| Applicant Email\* |  | Applicant Mobile\* |  |
| Address\* |  | Date of Birth\* |  |

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| If you are involved with us as a volunteer and an emergency arises, whom should we contact?  |
| Name\* |  | Relationship\* |  |
| Telephone No. (Home)\* |  | Telephone No. (Mobile)\* |  |

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| Do you have any relationship to, or association with, any current or former NOVAS employee, service or volunteer? |
| Name of Person |  |
| Relationship to you |  |

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| --- | --- |
| Do you hold a valid driving license? Full Provisional or Other? |  |

Equal Opportunities

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| NOVAS is an equal opportunities organisation. |
| Do you consider yourself to have a disability or any medical condition that would affect your ability to participate as a volunteer? |  |
| If yes, what supports, modifications or accommodations could we make to facilitate you? |  |

Current Occupation/Educational Status

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| Are you currently:  |
| Employed |  | Employer and Role  |  |
| Student |  | Course |  |
| Jobseeker |  | Profession |  |
| Retired |  | Profession |  |
| Other |  | Please specify: |  |

Your Skills and Interests

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| **1.** Have you ever done any voluntary work before? |
| Yes |  | No |  |
| If you answered yes, please tell us a little about the experience: |
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| **2.** Why do you want to volunteer now? What has motivated you to get in touch with us? |
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| **3.** Do you have any particular skills or qualities that you could use in your voluntary work? |
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| **4.** Which volunteer role are you applying for? You may apply for multiple roles. |
| Role Name(s) |  |
| If you are applying for the Street Outreach are you willing and able to drive the Street Outreach van? |
| Yes |  | No |  |

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| **5.** Are you in a position to complete the 6-month commitment that is required for all volunteer roles? |
| Yes |  | No |  |

References

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| --- |
| Reference 1: |
| Name |  | Relationship to you |  |
| Telephone no. |  | Email  |  |

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| --- |
| Reference 2: |
| Name |  | Relationship to you |  |
| Telephone no. |  | Email  |  |

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| Is there any additional information you would like to bring to our attention? |
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If you have any queries when completing this application form, please phone 061 370 325or e-mail Info@novas.ie. Completed applications should also be submitted to Info@novas.ie. Please visit [www.novas.ie](http://www.novas.ie) for more information about our work.

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| **DECLARATION** |
| Please sign below to agree to the following statements:* I certify that all the information I have given is correct and understand that any false information given may result in any volunteer opportunity being withdrawn.
* I understand that the processing of my personal data is necessary in order to take steps prior to volunteering and will be handled and processed as outlined in the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA 2018). If I am successful, my data will be made available to NOVAS employees (and third parties where required) for the coordination of my volunteering.
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| Applicant Signature\* |  |
| Date\* |  |