

volunteer registration form

SOUTH DUBLIN COUNTY VOLUNTEER CENTRE - VOLUNTEER REGISTRATION FORM

YOUR CONTACT DETAILS

Forename/First name	Surname	Gender
Email Address (please print clearly)		Phone: Mobile
Home Address		Phone: Home
		Nationality

YOUR INTERESTS AND SKILLS

What is your main reason for volunteering now?	Have you volunteered before	
	Yes:	No:
	If Yes please give details:	
Tell us more about what type of volunteering would interest you.		
What are the main skills you will bring to your volunteering role (please tick all that are appropriate)		
Accountancy/Finance	Advocacy/Lobbyist	Architecture/Design
Arts/Music/Drama	Business/HR/Management	Community Development
Computer/Web/ICT	Drivers	Education/Training
Event Management/Fundraising	Fitness/Health/Beauty	General Office Skills
Hospitality/Befriending	Legal	Multi-lingual
Other	Personable Skills	Phone Support/Information Giver
PR/Marketing/Market research	Research/Journalism/Media	Retail/Customer Service
Trades/Operative/Manual	Youth/Childcare	No Skills Listed
Tell us more about the skills you would bring to your volunteering role - e.g. qualifications or experience you may have.		

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YOUR AVAILABILITY

Availability	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							
How long can you volunteer for?							
No Preference	Short Term	Long Term	Depends on opportunity		Once off		

FINALLY:

How did you hear about us?
Is there any more information you wish to add (for example additional support needs etc...)

DECLARATION:


I declare that the information given on this form is complete and correct to the best of my knowledge and that I understand that inaccurate or false information given may result in an offer of volunteering or placement being withdrawn.

Applicants Signature	Date

Completed application forms should be returned to:

South Dublin County Volunteer Centre
County Hall, Block 3
Belgard Square North
Tallaght
Dublin 24





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County Hall, Block 3
Belgard Square North
Tallaght
Dublin 24

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