



STRICTLY CONFIDENTIAL

**County Roscommon Disability Support Group
Volunteer Application Form**

Name
Address
Contact Number
Email
Date of Birth
Gender
Next of Kin Contact Details

Have you done voluntary work before?

Yes

No

If yes please give details?

Why do you want to volunteer with our organisation?

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**What kind of volunteer work would be of interest to you?
(Tick as many as you like)**

Personal Assistant to a person with disabilities	
Clerical/Administrative work in the Organisation's Resource centre	
Assisting RSG Flexible Learning College staff in the day to day activities of the college	
Assisting staff members in the Horticultural Centre	
Volunteer Bus Driver/Bus Escort	
Volunteer at fundraising events, functions etc	

What times are you available for volunteer work? Please tick

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

How long are you available for volunteer work?

Have you any relevant skills and/or qualifications that you feel may be relevant to the volunteer role you are applying for?

Please note that **Garda Vetting** is a requirement for all volunteers within our organisation.

I accept that all volunteers must be Garda Vetted and cleared

Reference checks are a standard process for the recruitment of volunteers. Please provide the names of two referees (non-family members) who may be contacted.

Name:	Name:
Relationship to you:	Relationship to you:
Address:	Address:
Contact details:	Contact details:

Have you any special needs that we should be aware of?

Yes

No

If yes please specify:

How did you hear about the County Roscommon Disability Support Group?

Statement on retaining personal records:

County Roscommon Disability Support Group retains information on all Service Users, volunteers and employees. The information retained relating to volunteers is as follows: your application form, information relating to your application, references, Garda Vetting, record of training undertaken including induction training, and any other information relevant to our volunteering with **County Roscommon Disability Support Group**. You are entitled to view any information retained and to ask for amendments to be made where it is inaccurate. All information retained by County Roscommon Disability Support Group is done in accordance with **Data Protection legislation**. It is important that you notify the Volunteer Co-ordinator of any changes in personal contact details. Volunteer files will be accorded the same confidentiality as staff files and will be retained for as long as you volunteer with the organisation and for a period no long than 6 years after you have finished with the organisation.

Signed.....

Date.....

Please return completed form to:-

**Volunteer Applications,
County Roscommon Disability Support Group,
Derrane,
County Roscommon.**