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Volunteer Application Form

Care and Activity Volunteer <input type="checkbox"/>	Volunteer Liaison Officer <input type="checkbox"/>	Volunteer Activity Leader <input type="checkbox"/>
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Please send the following details with your application:

- A passport-sized photograph with signature on the back
- A photocopy of passport

How did you hear of SBHI? Please specify: _____

If you wish to be excluded from receiving information about SBHI events or fundraising, tick this box

PLEASE COMPLETE IN BLOCK CAPITALS

Personal Details

First name: _____ Surname: _____ Date of birth: / /

Nationality: _____ Male Female Passport number: _____

Address:		
Telephone:	Home:	Mobile:
Email:		
Next of kin:	Name:	Relationship to you:
	Telephone:	

Voluntary Experience

	Organisation 1	Organisation 2
Name		
Address		
Telephone		

What experiences – in employment, education or otherwise- do you feel have prepared you for working and/or living with young people with disabilities?

Why would you like to be involved with SBHI?

Please indicate any interests/talents/skills that you can offer:

If you are applying for the position of Volunteer Activity Leader, please circle which activity/session(s) you would like to facilitate:

The Arts	Therapeutic/holistic	Sports	Other – please specify
Dance – genre:	Massage	Swimming	
Music – genre:	Yoga	Basketball	
Drama	Beauty	Bowling/boccia	
Art – genre:		Archery	
Film		Watersports	
Photography		Adaptive aquatics	
		Athletics	
		Field events	
		Martial Arts	
		Self defence	

Employment

Present/most recent Employer:	
Address:	
Position:	
Dates:	
Responsibilities:	

Education/Qualifications

	School/College 1	School/College 2	School/College 3
Name of school/college:			
Address:			
Dates:			
Qualifications:			

Relevant Training

Have you completed a Manual Handling Training Course? Yes <input type="checkbox"/> Date completed: / / No <input type="checkbox"/>
Have you completed a First Aid Training Course? Yes <input type="checkbox"/> Date completed: / / Name of Trainer: No <input type="checkbox"/>

Special Requirements

Do you have any dietary requirements? If yes, please specify: _____ _____ _____ _____
Is there any additional information SBHI should know about you that you have not disclosed in this application? If yes, please give details below (eg medication/ allergies / special requirements) _____ _____ _____

Telephone Referees

SBHI reserves the right to contact the referees named below. These referees must know the candidate and have a good knowledge of English. Referees must not be friends, family members or relatives of the applicant.		
	Referee 1	Referee 2
Name:		
Telephone:		
Email:		
How does this person know you?		

Declaration

Have you ever had any licence, certificate or employment suspended, endorsed, revoked or terminated?

Yes No If yes, please provide details: _____

Are you at present, or have you in the past, been the subject of any investigation or has any action ever been taken against you with regards to a child/children under 18 years of age, or any other investigation, criminal or otherwise, whether or not resulting in acquittal or exoneration?

Yes No If yes, please provide details: _____

Are there any restrictions on you being able to work in Ireland, as far as you know?

Yes No If yes, please provide details: _____

I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with children. I declare that the above information is true and agree that I will abide and accept the terms and conditions of participation. I also agree to allow SBHI to contact the above referees to obtain a character reference and confirm that all information in this application is accurate to the best of my knowledge.

Signed: _____ Date: _____

Please return completed application form to SHINE@sbhi.ie or
Volunteer Recruitment, Spina Bifida Hydrocephalus Ireland, NRC, Old Nangor Road,
Clondalkin, Dublin 22, Ireland. Please mark as private and confidential.
Tel: +353 1 4572329 Fax: + 353 1 4572328
Website: www.sbhi.ie

Thank you for your interest in volunteering with SBHI