**Volunteer Application Form**

**Please fill out this form in BLOCK CAPITALS.**

All information will be treated as confidential, please complete clearly and circle **Y** for yes & **N** for no

Please state which programme you are applying for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For information on our different programmes please visit our website www.solasproject.ie)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Day and Month of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Please give details of previous experience of work with children/young people, including training completed e.g. First Aid, outdoor pursuits, child protection training etc.

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Please give details of strengths and experience you have for this role.

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Describe your reasons for wanting to volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Would you like to receive occasional newsletters and updates from Solas Project **Y N**

Are your prepared to attend team meetings and undertake appropriate training? **Y N**

Have you had treatment for any illness during the past 5 years which may have a bearing on your ability to work with children / young people? **Y N**

If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your conduct ever caused or been likely to cause significant harm to a child/young person, or put a child/young person at risk of significant harm? **Y N**

To your knowledge, has a complaint ever been made against you or are there any pending complaints against you in a working environment or in a voluntary capacity? **Y N**

If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you willing to go through a Garda Vetting Procedure (which is now a standard requirement for anyone working with children / young people)? **Y N**

**Data Protection & Consent**

I grant permission to Solas Project to process and retain my personal data contained in this form    ⃣

I consent to the use of my photographic image being used by Solas Project for distribution to

national or local press and /or newsletters, web material & social media.    ⃣

To protect your data, all forms, CV’s, and personal information held by Solas Project will be shredded or deleted from our systems not later than 3 years after departure.

Solas Project’s full [**GDPR Policy**](https://static1.squarespace.com/static/5304deb1e4b0ef33e62ff92f/t/62d6917665053b64ddd6b3db/1658229111356/DataProtectionPolicy.pdf) and [**Privacy Statement**](https://static1.squarespace.com/static/5304deb1e4b0ef33e62ff92f/t/62d6921ec2481731ae3a8856/1658229279529/SP+Privacy+Statement+final.pdf) are available on our website

Solas Project is the data controller; the Data Protection Officers’ contact details are [michelle@solasproject.ie](mailto:michelle@solasproject.ie) and 086 1382798.

**References**

Please give the name, address, email address and daytime contact numbers of two people (not family members or partner/boyfriend/girlfriends) who know you well e.g. colleague, employer. Please ensure that you have obtained the consent of the person before you offer them as a referee.

It would be helpful if, at least, one of your referees knows you in the context of children / young people.

**First Referee Second Referee**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to us by email to:** Emily McVicker [emily@solasproject.ie](mailto:emily@solasproject.ie)