

# MDI Fundraising Volunteer Application Form

## CONFIDENTIAL



|  |                          |                  |                          |
|--|--------------------------|------------------|--------------------------|
| <i>Surname:</i>  |                          |                  |                          |
| <i>Forename:</i>   |                          |                  |                          |
| <i>Address:</i>  |                          |                  |                          |
| <i>Date of Birth</i>   |                          | <i>Tel. No.:</i> |                          |
| <b>Are you: (Please tick)</b>  |                          |                  |                          |
| Employed   | <input type="checkbox"/> | Unemployed       | <input type="checkbox"/> |
| Student  | <input type="checkbox"/> | Homemaker        | <input type="checkbox"/> |
| Retired  | <input type="checkbox"/> | Other            | <input type="checkbox"/> |
| <b>Have you previously been involved in voluntary work?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |                          |                  |                          |
| If yes, give details (please use riverside side of page if necessary):   |                          |                  |                          |

**How much time can you commit to voluntary work? (Please tick)**

|                  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
|------------------|-----|------|------|-------|-----|-----|-----|
| <i>Morning</i>   |     |      |      |       |     |     |     |
| <i>Afternoon</i> |     |      |      |       |     |     |     |
| <i>Evening</i>   |     |      |      |       |     |     |     |

**People under 16 years of most age provide parental consent to take part in volunteering opportunities. MDI require name, signature and address of one guardian.**

|                       |  |
|-----------------------|--|
| <b>Name</b>           |  |
| <b>Address</b>        |  |
| <b>Contact Number</b> |  |
| <b>Signature</b>      |  |

**All applicants will be subject to a Garda Clearance check.**

**Please return completed application form, declaration form & personal contact details form to:**

**Amy Bramley, Fundraising/PR Co-ordinator  
Muscular Dystrophy Ireland,  
75 Lucan Road, Chapelizod, Dublin 20**