

MDI Fundraising Volunteer Application Form

CONFIDENTIAL



<i>Surname:</i>			
<i>Forename:</i>			
<i>Address:</i>			
<i>Date of Birth</i>		<i>Tel. No.:</i>	
Are you: (Please tick)			
Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Student	<input type="checkbox"/>	Other	<input type="checkbox"/>
Have you previously been involved in voluntary work? 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 age must provide parental consent to take part in volunteering opportunities. MDI require name, signature and address of one parent / guardian.

Parent / Guardian's Name	
Address	
Contact Tel Number	
Signature	

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