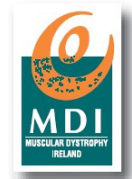


# Muscular Dystrophy Ireland

## Volunteer Application Form

All details supplied will be treated confidentially



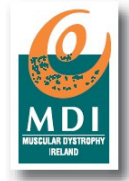
| Please use BLOCK CAPITALS  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Surname</b>   |                          |                          |                          | <b>First Name</b>        |                          |                          |                          |
| <b>Address</b>   |                          |                          |                          |                          |                          |                          |                          |
| <b>Telephone Number(s)</b>   | <i>Home</i>              |                          |                          | <i>Mobile</i>            |                          |                          |                          |
| <b>Email Address</b>   |                          |                          |                          |                          |                          |                          |                          |
| <b>Date of Birth</b>   |                          |                          |                          |                          |                          |                          |                          |
| <b>Are you?</b><br><i>(please tick appropriate)</i>  | <i>Employed</i>          | <input type="checkbox"/> | <i>Unemployed</i>        | <input type="checkbox"/> | <i>Student</i>           | <input type="checkbox"/> |                          |
|  | <i>House-maker</i>       | <input type="checkbox"/> | <i>Retired</i>           | <input type="checkbox"/> | <i>Other</i>             | <input type="checkbox"/> |                          |
| <b>Previous Work Experience</b>  |                          |                          |                          |                          |                          |                          |                          |
| <b>Have you previously been involved in voluntary work?</b>                                | <b>Yes</b>               | <input type="checkbox"/> | <b>No</b>                | <input type="checkbox"/> |                          |                          |                          |
| <b>If "Yes" please give details</b>  |                          |                          |                          |                          |                          |                          |                          |
| <b>How much time can you commit to voluntary work?</b><br><i>(please tick appropriate)</i> |                          |                          |                          |                          |                          |                          |                          |
|  | <i>Mon</i>               | <i>Tues</i>              | <i>Wed</i>               | <i>Thurs</i>             | <i>Fri</i>               | <i>Sat</i>               | <i>Sun</i>               |
| <i>Morning</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Afternoon</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Evening</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>What are your spare time hobbies, interests or activities?</b>                          |                          |                          |                          |                          |                          |                          |                          |

P.T.O:

# Muscular Dystrophy Ireland

## Volunteer Application Form

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|   |  |                          |  |             |                          |    |                          |  |
|---|--|--------------------------|--|-------------|--------------------------|----|--------------------------|--|
| <b>Any other relevant information?</b>  |  |                          |  |             |                          |    |                          |  |
| <b>Please provide names and addresses of TWO people whom MDI could contact for a reference (not relatives and one from current or previous employer).</b> |  |                          |  |             |                          |    |                          |  |
| <b>Referee's Name</b>   |  | <b>Referee's Name</b>    |  |             |                          |    |                          |  |
| <b>Referee's Address</b>  |  | <b>Referee's Address</b> |  |             |                          |    |                          |  |
| <b>Telephone Number</b>   |  | <b>Telephone Number</b>  |  |             |                          |    |                          |  |
| <b>I give permission to MDI to contact the above referees</b>   |  |                          |  | Yes         | <input type="checkbox"/> | No | <input type="checkbox"/> |  |
| <b>Volunteers Signature</b>   |  |                          |  | <b>Date</b> |                          |    |                          |  |

All applicants will be subject to a Garda Clearance check.

Please return completed application form along with a cover letter, a CV, a copy of passport or drivers licence and two signed passport photographs to:

**HR Department  
Muscular Dystrophy Ireland  
75 Lucan Road, Chapelizod  
Dublin 20**

(Adapted from Our Duty To Care, The principles of good practice for the protection of children & young people; Department of Health & Children May 2004).