

# Age Action Care & Repair Volunteer - Application Form

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| Age Action’s Care and Repair programme is a service that helps to keep people living in their own homes in increased safety and comfort. Age Action’s Volunteer teams provide small DIY jobs in older peoples’ homes free of charge to help them maintain their homes and their independence. Jobs will last no longer than two hours and you will be paired up with another Volunteer. Before starting your volunteer role, we will provide you with support and training.  |

## **About You:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Mobile: |  | Email: |  |
| Address: |  |
| Eircode: |  |
| Age Range |  Under 18  18-25  25-40 40-55 55-70 70+   |
| Level of English | Basic  Intermediate  Fluent  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have access to your own transport? |  |  |
| Do you have your own tools?  |  |  |

**Please tell us a little bit about why you are interested in Volunteering with us:**

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## **Your availability**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Evening** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

**Do you have any health conditions or accessibility requirements that we should be aware of? Please let us know here so that we can accommodate you.**

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## **In the case of an Emergency, who should we contact?**

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact Name: |  | Mobile: |  |
| Relationship to You: |  |

## **Garda Vetting**

For the Care and Repair programme we require Volunteers to be Garda Vetted, as Volunteers will be going into the homes of older people. The Garda Vetting process means you will have to provide us with two forms of ID. We will be in touch in due course with the Garda Vetting form.

## **Your Referees**

Please provide us with details of two referees who are happy to give you a character reference, e.g. Employer or volunteer organizations’ etc., who are not family members and you, have known for at least a year where possible.

Please note: We will contact your referees before you start as a volunteer with us.

|  |  |  |
| --- | --- | --- |
|  | Reference 1 | Reference 2 |
| Name: |  |  |
| Organisation: |  |  |
| Address: |  |  |
| Telephone No.:  |  |  |
| Email address: |  |  |
| In what capacity do you know them:  |  |  |

## **Data Protection:**

Under the new GDPR regulations (2018), we require your permission to record your details. We will not share personal information outside of Age Action without your permission and we will delete personal information after two years from the last time YOU contact us. Please tick the following as appropriate so we can process your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consent to my details being recorded: | Yes: |  | No: |  |

## **Please contact me by:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| By phone: |  | By Email: |  | Either: |  |

## **Volunteer Declaration:**

By signing below, I consent to Age Action recording my information as indicated above. To the best of my knowledge there is nothing in relation to my conduct or personal background that would adversely affect the position of trust in which I would be placed by virtue of my acceptance as a volunteer. I declare that all the information I have given is truthful and correct.

This agreement is binding in honour only and is not intended to be a legally binding document.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**Please return the completed form by email to:**

**volunteering@ageaction.ie**

You can also return the form to us by post:

30/31 Lower Camden Street,

Dublin 2,

D02 EC96