



Volunteer Application Form

Name: _____

Address: _____

EIRCODE _____

Tel: _____ Email: _____

Are you a member of Age Action? Yes No

Where did you hear about us?

What area of volunteer work are you interested in?		
<input type="checkbox"/> Administration <i>(Minimum four hours per week)</i>	<input type="checkbox"/> Charity Shops <i>(Minimum four hours per week)</i>	<input type="checkbox"/> Fundraising Collections <i>(No minimum requirement based on need)</i>
<input type="checkbox"/> Information <i>(Minimum four hours per week)</i>	<input type="checkbox"/> Stock Collection <i>(Minimum four hours per week)</i>	<input type="checkbox"/> Getting Started Programme <i>(Two hours per week)</i>
<input type="checkbox"/> Care & Repair Programme <i>(No minimum requirement based on need)</i>	<input type="checkbox"/> Finance <i>(Minimum four hours per week)</i>	<input type="checkbox"/> One off Events

Can we share your details with other departments within Age Action? Yes No

How many hours are you available per week? _____

Please identify the days that suit you best

Mon Tues Wed Thurs Fri Sat Sun

Have you any experience of volunteering? *If yes, please give details*

Why have you chosen to volunteer with Age Action? _____

Medical Condition: Do you have a medical condition that we need to know about

e.g.. epilepsy, heart condition, allergies etc.

Yes No

If yes, please specify:

Please give names, addresses, telephone and email address of two previous employers/organisations/volunteer organisations that would be able to provide a reference and w have consent to contact in relation to your application. These persons cannot be relatives and they must have known you for at least 3 years.

PLEASE PRINT and BE SURE TO GIVE CURRENT CONTACT DETAILS – email and phone number required.

Name: _____

Address: _____

Tel: _____ Email: _____

Name: _____

Address: _____

Tel: _____ Email: _____

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 _____

am happy to be contacted by:

Any means _____ By Phone _____ By Post _____ By Email _____

I am happy to be contacted about

My Service Request _____ AAI Info Opt in _____ Fundraising Campaigns _____

By signing below I consent to Age Action recording my information as indicated above. I solemnly and sincerely declare that 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:** _____

If you are under 18 then a parent/guardian must sign this form on your behalf.

Signed: _____ **Date:** _____

Name: _____

(BLOCK CAPITALS)

If you require assistance completing this form, please phone (01) 4756989

Please return completed application to: volunteering@ageaction.ie
or by post to: Volunteering, Age Action Ireland, 10 Grattan Crescent, Dublin 8