

**ICCM** **Volunteer Application Form**

All applicants for volunteer roles will be asked to complete an application form to help us understand a bit more about you and why you want to volunteer with us. If your role means you will come into contact with the elderly, young or vulnerable people you may be required to undergo further vetting, such as a CRB check in addition to filling out this form.

**If you have any questions, please ask Zhara Treanor. Thank you for wanting for volunteer with ICCM**

**SECTION A: Your personal details**

Title:

First Name:

Surname/ Last Name:

Any previous names by which you have been known:

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Address (Please include postcode):

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How long have you lived at the above address?

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If less than 12 months, please give your previous address (including postcode):

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How long did you live there?       years and       months

Contact Phone number:

Email Adress:

Do you have a current DBS?

**SECTION B: Attributes and Experience**

In what capacity would be interested in volunteering for ICCM?

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Why do you want to volunteer with ICCM? Please include information about any skills or experience you hope to gain through volunteering.

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Please give details of any previous experience you have volunteering that you feel would be relevant in this role.

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Please give details of any qualifications, training and/or personal qualities which you feel are relevant.

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**SECTION C: Transport**

Will you will be using a car for volunteering?

If Yes:

You have a full driving licence with no bans or convictions?

Your car is registered, insured and taxed; has a current MOT certificate (if required) and is roadworthy?

Your car insurance covers you while volunteering?

(Insurers who have signed up to the ABI’s volunteer driving – motor insurance commitment do not charge an extra premium but you many need to notify them – check [here](https://www.abi.org.uk/products-and-issues/choosing-the-right-insurance/motor-insurance/volunteer-drivers/))

**SECTION D: References**

Please give the name and contact details of two suitable referees.

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| Name:  Organisation (if applicable):  Address (including postcode):    Telephone No:  In what capacity do you know this person? |
| Name:  Organisation (if applicable):  Address (including postcode):    Telephone No:  In what capacity do you know this person? |

**SECTION E: Declaration**

I confirm that the information I have given in this form is accurate and truthful, and that I have read and agree to the ICCM Volunteer Agreement. I understand that any false statement may disqualify me from volunteering. I agree that the application form can be stored and processed in accordance with GDPR.

Signed:

Date:

Thank you for completing this application form.

Please email it to headoffice@irishcommunitycare.com

**The information you give us in this form will be treated in the strictest confidence.**