

Down Syndrome Limerick - Volunteer Application

Thank you for your interest in volunteering with Down Syndrome Limerick.

Please visit our Volunteer Page at www.downsyndromelimerick.ie for more information about Volunteering Opportunities with our organisation.

Please complete the application form below and our Volunteer Co-Ordinator will be in contact with you soon.

Name: _____

Address:

Email: _____

Telephone Number: _____

Are you over 18 years of age? Yes ____ No ____

I am applying for the role of: _____

How many hours a week can you give to Down Syndrome Limerick? _____

What is your availability for volunteering with Down Syndrome Limerick? (please tick)

	AM = 09.00hrs to 13.30hrs	PM = 13.30hrs to 18.00hrs
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday 13.30 – 16.30 hrs		

Please give details of any relevant experience that you have: (Please include dates where possible)

How did you hear about volunteering opportunities with Down Syndrome Limerick?

As part of our application process you will be asked to complete a Garda Vetting form which will be processed by The Garda Central Vetting Bureau in accordance with the Garda Vetting Act 2012. Do you give your permission for your application to be processed by the Garda Vetting Bureau?

Referee 1:

Name: _____

Address:

Telephone Number: _____

Email: _____

Referee 2:

Name: _____

Address:

Telephone Number: _____

Email: _____

Please note that referees cannot be related to you.

Completed forms should be returned to :

Anna Moloney, Down Syndrome Limerick, Castletroy Park Business Centre, Castletroy, Limerick.