

Rialto Youth Project Volunteer Application Form

Name: _____

Address: _____

Phone: _____

Emergency

Contact: Name: _____ Phone: _____

How did you hear about the volunteer opportunity?

Why do you want to volunteer with our organisation?

Have you volunteered in the past? If yes please give a description of your involvement

Why do you want to work with young people?

What would like to gain from your volunteer experience with our organization?

What skills, abilities, and qualities would you like to contribute to our organisation and our work with young people?

How long would you like to be involved with our organisation?

6 months 9 months 12 months indefinitely

Have you participated in Child Protection Training in the past two years?

Yes No

Are you willing to participate in training that will help you fulfill your role as a youth leader? Yes No

Do you have any other support needs or requirements? Yes No

If yes please give details: _____

Please indicate the times and days that you are available to volunteer?

Daytime	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Daytime							
Evening							

Name two independent (non-relative) contactable referees to whom you are well known and who are aware of this application. Referees may include Leader in Voluntary/Community Organisations, Sports Club Leader, Employer, Teacher or Garda.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Occupation: _____

Occupation: _____

Declaration of Suitability

I confirm that nothing within my personal or professional background deems me unsuitable for a volunteer post that involves working with young people.

I agree to fully participate in the required Garda Vetting Process through the Rialto Youth Project.

I declare that the above information is true and agree that I will abide by and accept the terms and conditions of my voluntary participation under the direction of the Rialto Youth Project.

Signed: _____

(Signature)

(Print Block Capitals)

Date: ____/____/____

For Office Use Only

Reference Checked
By phone call _____ By visit _____ By letter _____

Checked by (Staff) _____ Date: ____/____/____