



## **CampAbilities Volunteer Application form**

Thank you for your willingness to volunteer with CampAbilities. In order to consider your potential involvement you need to complete this Volunteer Application Form in Block print and sign it. Completed forms must be returned by post to the Volunteer Coordinator, CARA Adapted Physical Activity Centre, c/o IT Tralee, South Campus, Tralee, Co. Kerry. All information supplied by you will be securely stored and will only be shared with individuals who need to see it as part of their duties.

If you require any assistance in filling out this form please do not hesitate to contact the Volunteer Coordinator, Phone: 066-714 5646, Email: [cara@ittralee.ie](mailto:cara@ittralee.ie).

Thank you for your cooperation.

<b>Contact Details</b>	
Surname: <input type="text"/>	First Name: <input type="text"/>
Address: <input type="text"/>	
Date of birth: <input type="text"/>	
Tel. No: <input type="text"/>	Mobile No: <input type="text"/>
Email Address: <input type="text"/>	
Preferred means of contact: <input type="text"/>	

CARA APA Centre, Institute of Technology Tralee, South Campus, Tralee,  
County Kerry, Ireland. **Tel:** +353 66 714 5646, **Fax:** +353 66 714 5651,  
**Email:** [cara@ittralee.ie](mailto:cara@ittralee.ie) **Website:** [www.caraapacentre.ie](http://www.caraapacentre.ie)



**Emergency Contact**

Name:

Person 1:

Person 2:

Address:

Person 1:

Person 2:

Tel. No.:

Person 1:

Person 2:

**Availability (April 1<sup>st</sup> – 6<sup>th</sup> 2012)**

Please specify the days you are available

All 6 days

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday

**About You**

Why do you want to volunteer at CampAbilities?



**About You (continued)**

Have you been involved in voluntary work before, if yes please give details?

**What type of activities are you interested in?**

- |  |                          |                 |                          |
|--|--------------------------|-----------------|--------------------------|
| Assistant Activity Leader  | <input type="checkbox"/> | Medical support | <input type="checkbox"/> |
| CARA<br><small>(Provides one-to-one instruction with the camper)</small> | <input type="checkbox"/> | Transport       | <input type="checkbox"/> |
| Catering   | <input type="checkbox"/> | Fundraising     | <input type="checkbox"/> |
| No Preference  | <input type="checkbox"/> |                 |                          |

**Please use this space to highlight any other relevant information you feel might be of interest, e.g. occupation, qualifications, skills, experience, interests, hobbies, etc.**



### ***Health and Support***

Do you have any health or support needs that we need to be made aware of?

YES

NO

If YES, please state what it is:

Do you require to be accommodated in any particular way because of this?

### ***Self-Declaration & References***

Have you ever been convicted of a criminal offence? Yes/No (please circle)  
If YES, we will contact you in confidence.

Have you completed a 'Child awareness and protection course'? Yes/No (please circle)  
If NO, we will need you to complete one at the next available date/venue.



**References**

Please supply the names and contact information of two responsible people whom we can contact and who from personal knowledge are willing to endorse your application

**Name:**

Person 1:

Person 2:

**Address:**

Person 1:

Person 2:

**Phone number:**

Person 1:

Person 2:

**Email address:**

Person 1:

Person 2:

**Relationship to Applicant (e.g. Coach / Lecturer / Manager etc.):**

Person 1:

Person 2:



***Declaration***

- I certify that the information given is true to the best of my knowledge. I understand that deliberate misrepresentation, inappropriate behaviour or false information may result in an offer of a placement being withdrawn.
- I agree to cooperate with CampAbilities screening checks, including Garda Vetting, if so required before and/or during my placement with CampAbilities.
- I agree to respect and act in accordance with CampAbilities policies and procedures.
- I confirm that nothing within my personal or professional background makes me unsuitable to volunteer in a position of trust with CampAbilities.

I acknowledge that the information I have given is accurate and up to date. I understand this information will be used by CampAbilities for their volunteer database should any opportunities arise.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***FOR OFFICE USE ONLY***

**Selection Decision:**

**Volunteer position:**