



Application Form

Simon Communities
Federation Office
28/30 Exchequer Street
Dublin 2

For the position of
Full Time Volunteer

Tel. 01 6711606
Fax 01 6711098

Private & Confidential
(Please Complete All Sections Fully)

Personal Details

Surname: _____ Mr/Mrs/Miss/Ms/Other (specify) _____

Forename(s): _____

Address: _____

Email: _____

Telephone: Daytime: _____ Home: _____

Are you 18+ _____

Person to be contacted in case of emergency: _____

Present Occupation

When would you be available for interview? _____

When would you be able to start? _____

Where did you hear about The Simon Communities? _____

For what period of time can you volunteer with the Simon Communities of Ireland?

6 months 9 months 12 months Other

Please number in order of preference the communities you would like to be placed with:

Cork		Dublin		Dundalk		Galway		Midlands Midwest	No Preference
------	--	--------	--	---------	--	--------	--	------------------	---------------

FOR OFFICE USE ONLY

Date Received: _____ Result: _____ References Requested: _____

Education, Qualifications and Training

From/To	School/College	Results

Voluntary Work

Please give details of any voluntary experience you may have:

--

Previous Employment

From/To	Employer	Main Duties/Responsibilities	Reasons for Leaving

Health

Do you have any recurring mental or physical illness? Yes No

If yes can you please describe this illness and how it might impact on your role

(Please note that a problem of this nature will not preclude full consideration of your application)

References

Please give the name, address, telephone number and occupation of two referees, who would be in a position to assess your skill, knowledge and aptitude for this post, preferably previous employer(s) or people who know you in a professional capacity.

Please note: as references will only be accepted from those who know you in a professional capacity this excludes family and friends.

_____	Name	_____
_____	Address	_____
_____		_____
_____		_____
_____	Telephone	_____
_____		_____

I declare that all the information I have given is true to the best of my knowledge and that inaccurate or false information given may result in an offer of a placement being withdrawn.

Applicant's signature: _____ *Date:* _____

Please send completed forms to: THE SIMON COMMUNITIES OF IRELAND, ST ANDREWS HOUSE 28 / 30 EXCHEQUER STREET, DUBLIN 2.