



# Application Form

For the position of  
**Full Time Volunteer**

Volunteer Co-ordinator,  
Simon Communities,  
St. Nicholas House,  
Cove Street,  
Cork,  
Ireland.

Tel: +353 21 422 6031  
Fax: +353 21 422 3947  
volunteer@corksion.ie

## Private & Confidential

Please complete all sections

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### Personal Details

Surname:  Title (*Mr / Mrs / Miss / Ms / Other*):

Forename(s):  Please confirm that you are at least 18 years old:

Address:

Email:

Telephone Daytime:  Telephone Home:

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### Availability

What is your current occupation?

When would you be available for interview?

When would you be available to start volunteering?

Where did you hear about the Simon Communities?

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

9 Months:  10 Months:  11 Months:  12 Months:

### Please number in order of preference the Communities where you would like to be placed:

Cork:  Dundalk:  Galway:  No Preference:

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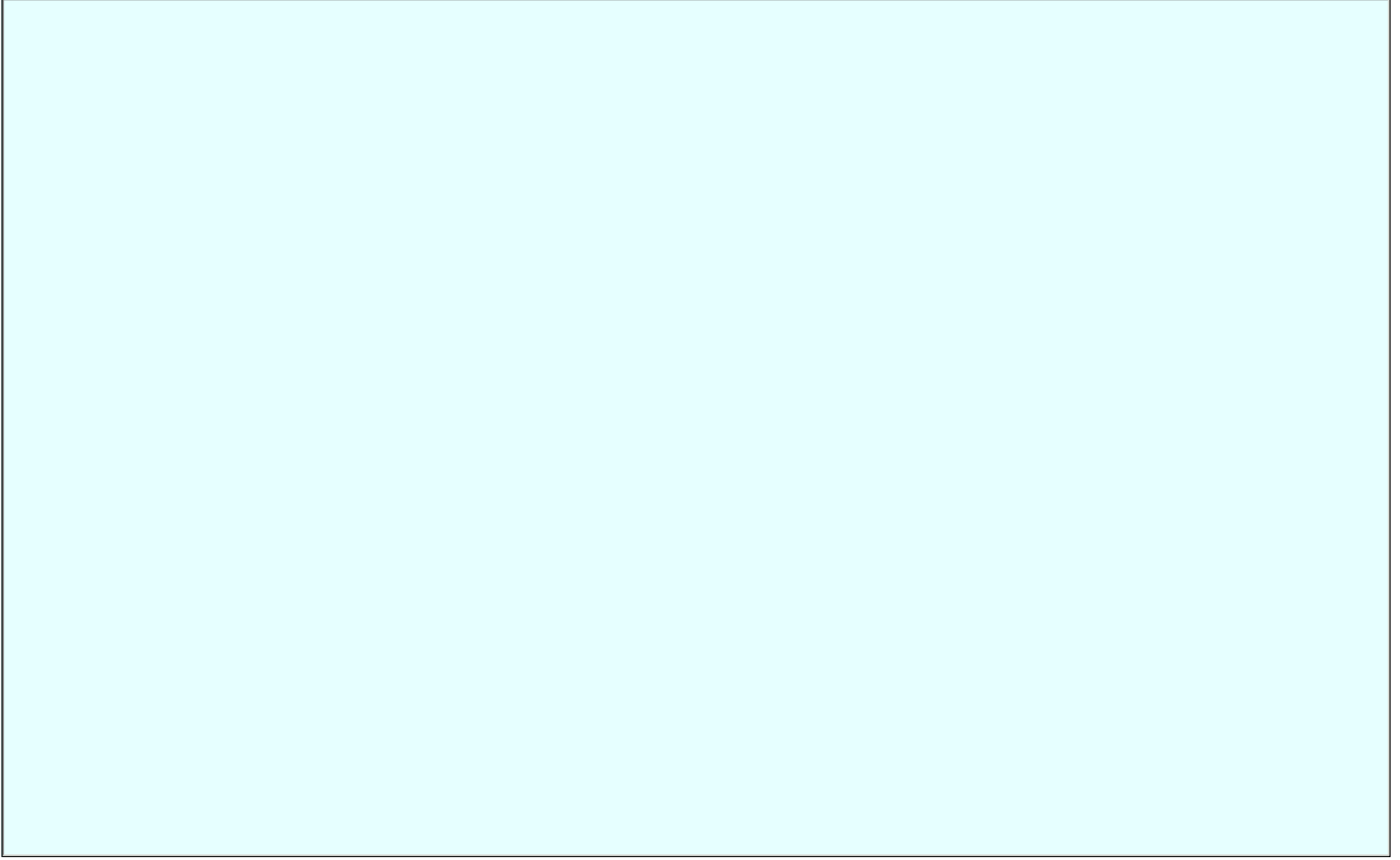
### FOR OFFICE USE ONLY

Date Received:  Result:  References Requested:

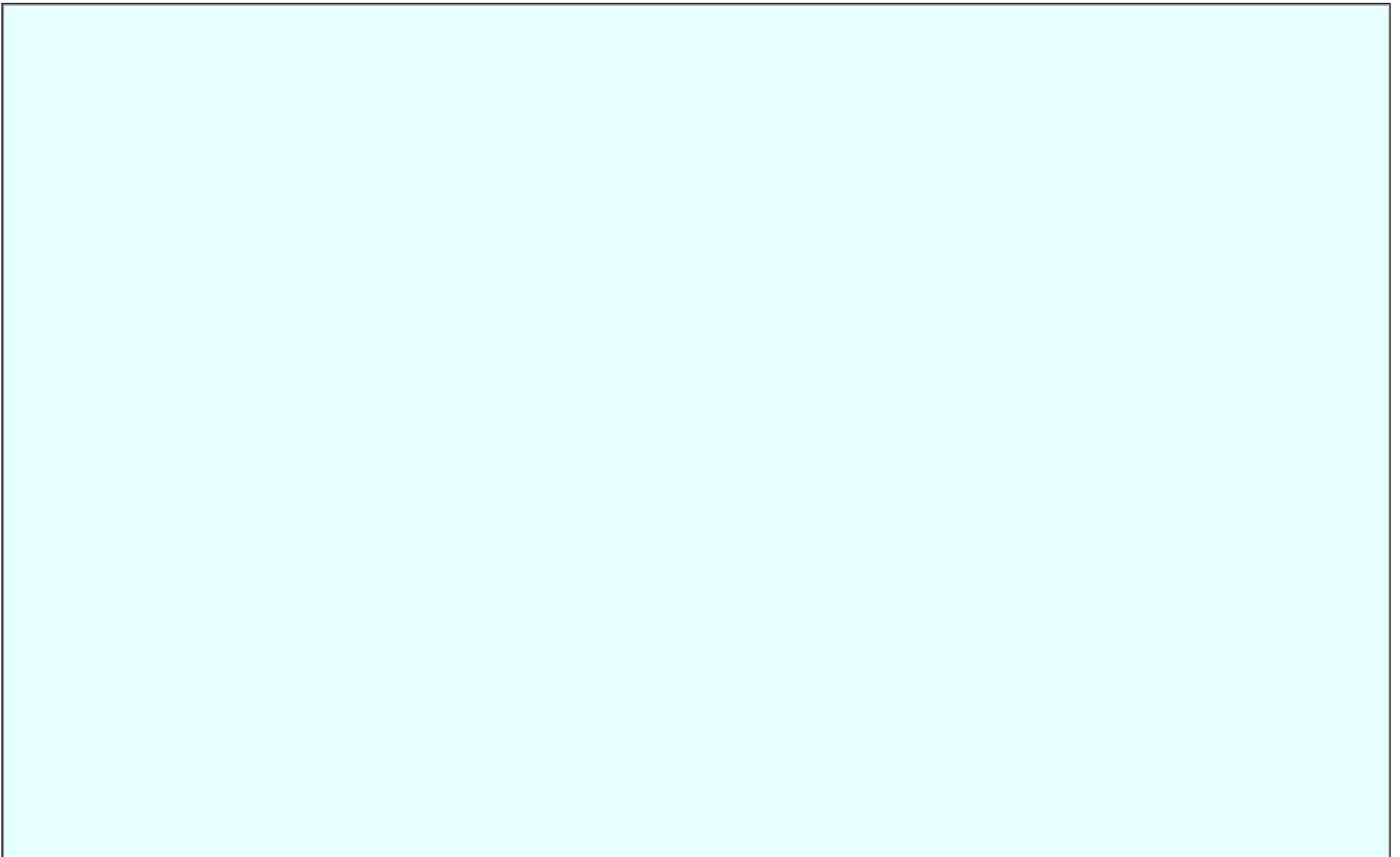
**Please take your time to answer the following questions as fully as possible.**

*(Use additional paper if necessary)*

**Why do you want to be a Full Time Volunteer with the Simon Communities?**



**After giving careful consideration to the Role Description and Person Specification for the post of Full Time Volunteer please give details of how your education, skills, experience and non-work activities qualify you to undertake this post effectively.**



## Education, Qualifications and Training

### Education:

| Start Date | End Date | School / College Attended | Results |
|------------|----------|---------------------------|---------|
|            |          |                           |         |
|            |          |                           |         |
|            |          |                           |         |
|            |          |                           |         |

### Voluntary Work:

Please give details of any experience of voluntary work you may have:

|  |
|--|
|  |
|--|

### Previous Employment:

| Start Date | End Date | Employer | Main Duties / Responsibilities | Reason 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)*

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## References

**Please give the name, address, telephone number, email 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:

Name:

Address:

Address:

Occupation:

Occupation:

Phone:

Phone:

Email:

Email:

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## Declaration

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

Applicant's Signature:

Date:

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Please send completed forms to:

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