



ST JOSEPH'S FOUNDATION

Volunteer Administration Pack

Transition Year Application form

VAP-TY

1.0 YOUR DETAILS

First Name: Surname:

Address:

.....

.....

Date of birth: *You must be 16 years old to apply.*

School Name and Address.....

.....

T.Y Co-ordinator.....

2.0 TELEPHONE NUMBERS & E MAIL

Home: Work: Mobile:

Email:

3.0 VOLUNTEER ROLES

Please Tick which Volunteer Role(s) you would like to be involved in.

General MDT (Physio Social Work O.T. S.L.T. etc.)

Supporting Employment

Fundraising Activities

4.0 DATES YOU ARE TO COMPLETE PLACEMENT

Please indicate the days and times you wish to complete your work experience.

.....

5.0 RELEVANT QUALIFICATIONS IF ANY:

.....

.....

.....



ST JOSEPH'S FOUNDATION

Volunteer Administration Pack

Transition Year Application form

VAP-TY

6.0 DO YOU HAVE ANY EXPERIENCE DOING ANY KIND OF VOLUNTEER WORK?

If so, please give details:
.....
.....

7.0 EXPERIENCE OF WORKING WITH OR CONTACT WITH CHILDREN OR ADULTS WITH INTELLECTUAL/PHYSICAL DISABILITY OR AUTISM

If so, please give details:
.....

8.0 INTERESTS Please give brief details of pastimes/hobbies:

.....
.....

9.0 ANY ADDITIONAL INFORMATION:

.....
.....

10.0 NAMES, ADDRESSES AND CONTACT DETAILS OF THREE PEOPLE WE COULD CONTACT FOR A REFERENCE:

Name:	Name:	Name:
Address:	Address:	Address:
Phone No:	Phone No:	Phone No:
Occupation:	Occupation:	Occupation:

11.0 CONFIDENTIALITY

In the course of my voluntary work, I may come to learn of confidential client related matters. I am aware that my obligation of confidentiality covers not only information on charts and records but also confidential information learned in the course of duties.

Signature of Applicant: **Date:**

Please return completed form to: Volunteer Co-ordinator, St Joseph's Foundation, Baker's Road, Charleville, Co. Cork.