

Volunteer Application Form - Wexford

Web: www.fightingwords.ie Email: wexford@fightingwords.ie

Date of Application:			
PERSONAL DETAILS			
Name:			
Address:			
Telephone:			
Email:			
Emergency Contact (Name &			
Telephone): (Note to overseas applicants: please provide contact details of someone living locally)			
Two te to overseus applicants. preuse provide contact details of someone living locally)			
Skills and Background			
We are also recruiting illustrators! Are you able to draw (this is not a requirement)?			
Yes No N			
res NO			
Are you fluent in language(s) other than English? Yes No			
If yes, please list:			
Special professional training, skills, hobbies and talents you would like to share:			
special professional training, skins) hossies and talents you would like to share.			
Experiences you have had working with young learners:			
Experiences you have had as a volunteer:			
When did on hearth and on			
Where did you hear about us?			



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And now here are some more formal questions that we ask for our students' protection. Thank you for your co-operation!

REFERENCES

Please provide the names and addresses of two people whom we can contact for a character reference, such as employers, teachers, colleagues, etc. **Do not list people related to you.**

Name:	Name:		
Organisation (if applicable):	Organisation (if applicable):		
Email:	Email:		
Telephone:	Telephone:		
CRIMINAL CONVICTIONS DECLARATION The following section is required in accordance with Fight completed in full, your application cannot be considered. confidential. Do you have any prosecutions pending or have you ever the police for any offence?	ing Words' Child Protection Policy. If it is not This information will be kept strictly		
Yes No			
If YES, please provide details of all pending prosecutions, convictions, cautions, or bind over orders. You should include "spent" convictions and if possible, the offence, approximate date of court hearing and the court which dealt with the case.			
As a condition of volunteering, I give permission for Fighting Words to conduct a background check on me, which includes completing a Garda vetting form. I understand that, if appointed, my position is conditional upon the staff at Fighting Words receiving no inappropriate information about my background. I hereby release and agree to hold harmless from liability to Fighting Words, the employees and volunteers thereof, or any person or organisation that may provide such information. I also understand that, regardless of previous appointments, Fighting Words is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the staff and Board of Directors at Fighting Words for violation of Fighting Words policies.			
CONFIRMATION: By ticking this box, I confirm that all of the information contained in this application is true to the best of my knowledge. I also confirm that nothing within my personal or professional background deems me unsuitable for a post that involves working with children.			
Thank you for your interest in becoming a ve	olunteer tutor at Fighting Words!		
Please note that all information included in this application will be held in compliance with the			

Fighting Words Data Protection Policy and the General Data Protection Regulation (GDPR).



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OFFICE USE ONLY	
Interview Date:	Date of Reference Check:
Form NVB1 Received:	Date of Reference Re-check (if required):
Submitted for GV:	Training Date: