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mariem@crimevictimshelpline.ie

www.crimevictimshelpline.ie

**Volunteer Application**

|  |  |  |
| --- | --- | --- |
| **YOUR CONTACT DETAILS** | | |
| **First name** | **Surname** | |
|  |  | |
| **Are you over 18?** | **How did you hear about volunteering with CVH? (a friend, website, etc.)** | |
| Yes ¨ No ¨ |  | |
| **Home Address** | | **Email Address** |
|  | |  |
| **Telephone** |
|  |

**VOLUNTEERING AVAILABILITY**

Please indicate (X) the times you may be available to volunteer between the hours of 10:00 am to 7:30 pm. This is not a commitment or an expectation. We will use the information to gain a general sense of your availability.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning** |  |  |  |  |  |
| **Midday** |  |  |  |  |  |
| **Late Afternoon** |  |  |  |  |  |
| **Evening** |  |  |  |  |  |

**INFORMATION**

Why are you interested in being a volunteer with the Crime Victims Helpline?

Please tell us about any educational background, work or volunteering experiences that would be relevant to the volunteer role at the Crime Victims Helpline.

Is there anything else that you would like us to know in considering your volunteer application?

**REFEREES**

Please provide names and contact information of two referees:

**Referee 1**

|  |  |
| --- | --- |
| **Name** |  |
| **How known to you** |  |
| **Telephone number** |  |
| **Email** |  |

**Referee 2**

|  |  |
| --- | --- |
| **Name** |  |
| **How known to you** |  |
| **Telephone number** |  |
| **Email** |  |

We have your permission to contact your references for the purpose of ascertaining your suitability for a volunteer position at the Crime Victims Helpline.  Yes

**DATA PROTECTION**

I give my consent to Crime Victims Helpline (CVH) to record, maintain and process my personal data for the purposes of my volunteer placement. I understand that my data will not be shared with any other parties outside CVH.

|  |  |
| --- | --- |
| **Applicants Signature** | **Date** |
|  |  |

Please return your application to mariem@crimevictimshelpline.ie or in the post to Crime Victims Helpline, 6-7 Hanover Street East, Dublin 2, D02 W320.