

hello@crimevictimshelpline.ie

[www.crimevictimshelpline.ie/volunteer](http://www.crimevictimshelpline.ie/volunteer)

**Volunteer Application**

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| --- |
|  |
| **First name** | **Surname** |
|  |  |
| **Volunteers must be 18 or over.****Are you over 18?**Yes ¨  | **How did you hear about volunteering with CVH? (a friend, website, etc.)** |
|  |  |
| **Home Address** | **Email Address** |
|  |  |
| **Telephone** |
|  |

**INFORMATION**

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

**Please tell us about any educational background, work/life/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** |  |
| **If an employer, please give the company name/type of business** |  |
| **Email address** |  |
| **Telephone number** |  |

**Referee 2**

|  |  |
| --- | --- |
| **Name** |  |
| **How known to you** |  |
| **If an employer, please give the company name/type of business** |  |
| **Email address** |  |
| **Telephone number** |  |

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 hello@crimevictimshelpline.ie or in the post to Crime Victims Helpline, 6-7 Hanover Street East, Dublin 2, D02 W320.