



VOLUNTEER APPLICATION FORM

Residents of Republic of Ireland

SPECIAL OLYMPICS USE ONLY

Volunteer ID Number: _____
 Date Received: ____/____/____
 Photo Received: (Y/N) _____
 Form Audited By: _____
 (Print Name)

Section 1: PERSONAL INFORMATION



*Mandatory Fields are marked with an asterix **

For Surname, First name and Middle name - please state as on birth certificate

Mr/Ms/Mrs/Miss

*First Name

Middle Name

*Surname

Former/Maiden Name

*Date of Birth *Gender: Male Female
 D D M M Y Y Y Y

Driver's Licence Yes No Driver's Licence Type A A1 B C C1 D D1 EB EC EC1 ED ED1

***YOUR CONTACT DETAILS** (you must supply a current telephone number or email address)

Mobile Phone

Landline DAY Evening

Email Address

*Please tick this box if you would like to receive our quarterly newsletter "Connect" electronically?

***YOUR CURRENT ADDRESS** (you must supply your current HOME address)

*Address Line 1

Address Line 2

Address Line 3 *City/Townland
 (e.g. Ardee, Cork City, Dublin 7)

*County Post Code

EMERGENCY CONTACT DETAILS

*First Name Relationship to you
 (e.g. Spouse, Partner, Father, Mother, Brother, Sister, Guardian, Carer)

*Surname

*Emergency Contact Number

Alternative Contact Number

Section 2: REFERENCES & CONTACT DETAILS



Please list two friends or NON family referees (you have known for 2 years or more) who may be contacted by Special Olympics Ireland to provide a character reference. Please notify referees they may be contacted by Special Olympics Ireland.

*First Reference

First Name	<input type="text"/>	Relationship to you	<input type="text"/>
		<small>(e.g. Friend, Colleague, Teacher, Priest etc.)</small>	
Surname	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
Address Line 3	<input type="text"/>		
City/Townland	<input type="text"/>	Day Phone	<input type="text"/>
<small>(e.g. Ardee or Dublin 7)</small>			
County	<input type="text"/>	Evening	<input type="text"/>
Post Code	<input type="text"/>	Mobile Phone	<input type="text"/>

*Second Reference

First Name	<input type="text"/>	Relationship to you	<input type="text"/>
		<small>(e.g. Friend, Colleague, Teacher, Priest etc.)</small>	
Surname	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
Address Line 3	<input type="text"/>		
City/Townland	<input type="text"/>	Day Phone	<input type="text"/>
<small>(e.g. Ardee or Dublin 7)</small>			
County	<input type="text"/>	Evening	<input type="text"/>
Post Code	<input type="text"/>	Mobile Phone	<input type="text"/>

Section 3A: PROFESSIONAL EXPERIENCE



This section will help to identify which role within Special Olympics maximises the best use of your existing skills

Occupation

If you are applying as part of a group, organisation or company, please state the name of the group. (e.g. eircom, Accenture, Kia, Topaz)

Group Name

PROFESSIONAL SKILLS

The following list is indicative of the skills we require. Please indicate, in order of preference, three skills you wish to contribute as a volunteer. (Note: the number 1 = first preference, the number 2 = second preference and the number 3 = third preference)

Administration	<input type="checkbox"/>	Driving	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Safety	<input type="checkbox"/>
Catering	<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Logistics	<input type="checkbox"/>	Security	<input type="checkbox"/>
Customer Services	<input type="checkbox"/>	Event Management	<input type="checkbox"/>	Media/PR	<input type="checkbox"/>	Training	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>	Website Management	<input type="checkbox"/>

Section 3B: MEDICAL SKILLS



Do you have first aid training? Yes No
 Do you have a medical / healthcare background? Yes No

If "YES", please tick the relevant boxes below.

	Qualified	Student		Qualified	Student
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Dentist	<input type="checkbox"/>	<input type="checkbox"/>
Medical Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	Ambulance Driver	<input type="checkbox"/>	<input type="checkbox"/>
Medical Records Clerk	<input type="checkbox"/>	<input type="checkbox"/>	Optometrist	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Massage Therapist	<input type="checkbox"/>	<input type="checkbox"/>	Audiologist	<input type="checkbox"/>	<input type="checkbox"/>

Section 3C: SPORTS SKILLS



List of sports undertaken by Special Olympics Ireland;

Aquatics, Athletics, Alpine Skiing, Badminton, Basketball, Bocce, Bowling, Equestrian, Football, Golf, Gymnastics, Kayaking, Pitch & Putt, Table Tennis, Motor Activities Training Programme

Do you have a background in any of the above Special Olympics Ireland sports? Yes No

If "Yes", please provide details of up to two sports and your level of involvement.

Name of First Sport

Administrator
 Competitor
 Official
 Coach
 Competition Management

If you are an *official* or a *coach*, please let us know:

Qualification: _____
 (Introductory, Level 1, Level 2 etc)
 Qualifying body: _____
 Expiry date of qualification: _____

Name of Second Sport

Administrator
 Competitor
 Official
 Coach
 Competition Management

If you are an *official* or a *coach*, please let us know:

Qualification: _____
 (Introductory, Level 1, Level 2 etc)
 Qualifying body: _____
 Expiry date of qualification: _____

Section 4: VOLUNTEER OPPORTUNITIES



Please indicate, in order of preference, three areas you would like to get involved in as a volunteer. For more information on the different areas, please see our website www.specialolympics.ie

(Note: the number 1 = first preference, the number 2 = second preference and the number 3 = third preference)

Local Club <input type="checkbox"/>	Committee Member <input type="checkbox"/>
Events - Local Area <input type="checkbox"/>	Schools Programme <input type="checkbox"/>
Athlete Leadership Programme <input type="checkbox"/>	Family Support Programme <input type="checkbox"/>
Fundraising <input type="checkbox"/>	Healthy Athlete Programme <input type="checkbox"/>
Administration <input type="checkbox"/>	No Preference <input type="checkbox"/>

NOTE: If you already know your role within Special Olympics, please tell us in the box provided:

Is there any other relevant information you wish to supply? _____

Section 5: Photo



In order for you to be registered as a volunteer with Special Olympics Ireland, you will need to provide us with either

1. A colour passport quality photo OR 2. A digital image

Attach photo here

Do NOT use staples

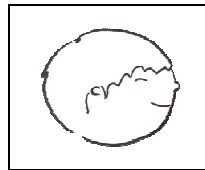
Photo should be approximately
5cm x 4cm
(about the size of this box)

Rules to adhere to for all photographs:

- * The volunteer in the photograph must not be wearing a hat or sunglasses
- * The photo / digital image must be from the shoulders up and the background must be clear and plain
- * The photo / digital image must be of passport quality and dimensions



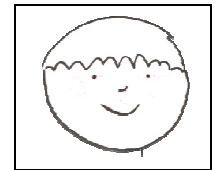
✗ No hats or sunglasses



✗ Eyes open, face towards camera



✗ Only one face in the picture



✓ Clear picture of volunteer's face on plain background

1. A Colour Photo

If you chose this option please ensure that:

- * The photo is in colour on a pale background
- * Attach the photo in the space above using either glue or double sided tape
- * Staples or tape that cover the photo will render it unusable
- * Write clearly on the back of this photo your firstname, surname and date of birth (DD/MM/YYYY)

2. Digital Image

If you chose this option please ensure that:

- * The digital image is saved in the format **Firstname Lastname DDDMMYYYY.JPG** eg. Paul Ryan 25111989.JPG
- * The image should be 600dpi and measure approximately 5cm x 4cm (the same dimensions as a passport photograph)
- * Email the digital image to **volunteers@specialolympics.ie**

Section 6: VOLUNTEER WAIVER AND RELEASE STATEMENT

Special Olympics Ireland Limited (SO Irl) requires all volunteers to agree to the following waiver. I understand that:

- The information that I provide may be verified and I give permission to Special Olympics Ireland Limited (hereafter referred to as SO Irl) to make enquiries of nominated referees to determine my suitability to act as a volunteer.
- In the course of volunteering for SO Irl I may be dealing with confidential information and I agree to keep such information in the strictest of confidence.
- SO Irl has a Code of Ethics & Good Practice Policy that provides an environment that promotes the safety of each individual at all times. I confirm that I have read the Code of Ethics & Good Practice Policy - Volunteers Section and I recognise my responsibility to abide by this at all times. (Full Code of Ethics & Good Practice available on our website.)
- The relationship between SO Irl and the volunteer is an "at will" arrangement and either the volunteer or SO Irl may terminate it at any time without cause or notice.
- The signature on this form grants permission to Special Olympics Ireland Ltd to use the volunteer's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, both during and anytime after the events, and in any form, for advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.
- I understand that SO Irl operates on a charitable and not for profit basis and that, as such, it does not accept responsibility for personal injury, illness, death or loss or damage to the property of volunteers however arising (except as a direct result of the negligence of SO Irl or its employees) and I hereby waive any such claims against SO Irl, its employees, volunteers or agents.
- I understand that my personal information will be held and processed by SO Irl in accordance with the Data Protection Act 1988, as amended by the Data Protection Act 2003 and I fully consent to same.
- I understand that the nature of SO Irl and the participating athletes make it necessary to have a screening process in place for all volunteers and I hereby consent to the use of such a screening process on any application I may submit in this regard.

NAME: _____

DATE SIGNED: _____

SIGNED: _____



An Garda Síochána Use Only
Reference No.:

An Garda Síochána GARDA VETTING APPLICATION FORM

NOTE TO APPLICANT

- The Enquiry Form must be completed in full using BLOCK CAPITALS
(Please state N/A if details are not applicable)
- Writing must be clear and legible
- Return the completed form to Special Olympics Ireland, 4th Floor, Park House, North Circular Road, Dublin 7
- Do not send this form to The Garda Central Vetting Unit or to any Garda Station

To be completed by The Applicant

SURNAME:	PREVIOUS NAME (if any):
FORENAME:	ALIAS
DATE OF BIRTH: (dd/mm/yy)	PLACE/CITY OF ORIGIN:
HAVE YOU EVER CHANGED YOUR NAME? <div style="display: flex; justify-content: center; gap: 100px; margin-top: 5px;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>	
IF YES PLEASE STATE FORMER NAME:	

Please state all addresses from year of birth to present date

House No.	Street	Town	County	Postcode	Country	Year From	Year To

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

NO YES Please provide details



DATE	COURT	OFFENSE	COURT OUTCOME

DECLARATION OF APPLICANT

I, the undersigned who have applied for a position as a volunteer hereby authorise An Garda Síochána to furnish to **Special Olympics Ireland** a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all convictions and / or prosecutions, successful or not, pending or completed, in the state or elsewhere as the case may be.

Signature of Applicant: _____ Date: _____
()

To be completed by Special Olympics Ireland

Line Manager/Contact Person: _____ Location: _____
Authorised Signatory: _____ (Special Olympics Ireland)
PLEASE PRINT ALSO (_____
Registration Number: _____ Date: _____

To be completed by The Garda Central Vetting Unit

According to Garda records there are no previous convictions recorded against the above named applicant

OR the attached convictions appear on Garda Records:

OR the attached prosecutions are pending:

NOTE: Checks were carried out by this office based on the information supplied.
The convictions supplied may apply to the subject of your enquiry.
Please verify information disclosed with the applicant.

Signed: _____ Member/C

C.V.U

PLEASE RETURN ALL COMPLETED APPLICATION FORMS TO:
Special Olympics Ireland
4th Floor, Park House
North Circular Road
Dublin 7