



## Limerick City Sports Partnership Volunteers

### Volunteer Application form

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Address			
<input type="text"/>			
Date of Birth			
<input type="text"/>			
Telephone No.	Email Address		
(Home)	<input type="text"/>	<input type="text"/>	
(Mobile)	<input type="text"/>		

Emergency Contact			
Name	<input type="text"/>	Relationship to you	<input type="text"/>
Address			
<input type="text"/>			
Phone Number			
(Home)	<input type="text"/>	(Mobile)	<input type="text"/>

## About you

What type of things are you interested in?

Why do you want to volunteer with *Limerick City Sports Partnership*?

What have you done before? (*previous volunteering, courses, qualifications. Etc*)

### Health and Support.

Do you have any health or support need that Limerick City Sports Partnership needs to be made aware of.

If YES, please state what it is and any information needed.

### VOLUNTEER CRIMINAL DECLARATION

Volunteering with Limerick City Sports Partnership may involve working with Children and/or other vulnerable people. For this reason we are asking for the following information. This will be confidential and only discussed with the volunteer co-ordinator.

Have you ever been convicted of a criminal offence?      **Yes/No**      (Please circle)

If YES, Please give details of the nature of the offence(s) and date(s):

## Where would you like to volunteer?

### Area of interest

Please let us know three activities/programmes that you would like to get involved in as a volunteer.

1.-

2.-

3.-

### Declaration

The information given on this form is accurate and up to date. I acknowledge the information will be placed onto a volunteer database.

Name

Date

Signed

### Parental/guardian Consent for under 18s:

I understand that my child has applied to volunteer with the LCSP and give my consent. I understand that staff may have to contact my child by phone/text/e-mail to organise activities. Photos may be taken for the use on LCSP website and press releases.

Parent/  
guardian  
Name

Date

Signed

For office Use Only

To be completed by staff member

**Date Received**

**Signed  
(Staff Member)**

**Project/Tasks recommended for this volunteer**