

**VOLUNTEER APPLICATION FORM**

**The LGBT Helpline is part of LGBT Ireland and is run through a network of local helpline centres. Once completed your application form will be reviewed and submitted to the volunteer coordinator in the centre nearest you. Information is dealt with in the strictest of confidence.**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 21+? (preferable but not essential) YES ü NO 

Where did you **hear about** volunteering opportunities within the LGBT Helpline/LGBT Ireland? Please specify.

Radio Television  Newspaper  Posters/Billboards 

LGBT Website  Facebook Twitter Volunteer Centre 

Friends/Family  Volunteers  Staff  Online Advertising 

Have you **previously applied** to volunteer with the LGBT Helpline? YES  NO 

What do you **hope to gain** from the volunteering experience with the LGBT Helpline/LGBT Ireland?

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Please tell us about any **educational background**, work or **volunteering experience** that would be relevant to the volunteer role you are applying for.

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**Garda Vetting** is a requirement for all volunteer roles associated with the LGBT Helpline, do you agree to be vetted as part of the recruitment process: YES  NO 

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| **The National LGBT Helpline and Online Chat Service operates 7 days a week: Monday – Thursday (6.30pm to 10pm), Friday's (4pm to 10pm) and Sat-Sun (4pm to 6pm). Volunteer typically commit to a minimum of 6 hours per month.** |

When are you available to volunteer? (Please specify days, times etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LGBT Ireland Services (National Helpline and Online Chat) are supported exclusively by volunteers. Are you in a position to commit to volunteering for a minimum of two years?** YES  NO 

**References:**

Please supply us with the details of 2 referees (Personal friends or relatives will not be accepted).

***Please note that we need an email address as it is our primary means of checking references.***

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| **Name** | **Name** |
| **Address** | **Address** |
| **Email** | **Email** |
| **Mobile (landline numbers not accepted)** | **Mobile (landline numbers not accepted)** |
| **Nature of Relationship** | **Nature of Relationship** |

**FOR OFFICE USE ONLY**

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| --- | --- |
| *Date Application Form Received* |  |
| *Date of Information Night Attended* |  |
| *Information Night Facilitated by* |  |
| *Reason Not Shortlisted* |  |
| *Date of Interview* |  |
| *Interviewers* |  |
| *Result of Interview* |  |
| *Date Training Course Commenced* |  |