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# CARE & REPAIR VOLUNTEER APPLICATION FORM

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| **1. Name:** | |  | | | | | | | | | | | | | | | | | | |
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| **2. Address:** | |  | | | | | | | | | | | | | | | | | | |
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| **3. Tel:** | |  | | | | | | **Email:** | | |  | | | | | | | | | |
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| **4.** **How many hours are you available per week?** | | | | | | | | | | | |  | | | | | | | | |
| **5. What basic DIY Skills are you comfortable with?** | | | | | | | | | | | |  | | | | | | | | |
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| **6. Please list the areas/locations you are happy to cover** | | | | | | | | | | | | | | | | | | | | |
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| **7. Please identify the days that suit you best** | | | | | | | | | | | | | | | | | | | | |
|  | Mon | |  | Tues | |  | Wed | |  | Thurs | | |  | Fri | | |  | | Sat | |
|  | | | | | | | | | | | | | | | | | | | | |
| **8. Have you any experience of volunteering?**  *If yes, please give details* | | | | | | | | | | | | | | | | | | | | |
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| **9. How would you prefer us to contact you about jobs? (Email, phone, text)** | | | | | | | | | | | | | | | | | | | | |
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| **10. Medical Condition:** Do you have a medical condition that we need to know about | | | | | | | | | | | | | | | | | | | | |  | | |
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| If yes, please specify: | | | | |  | | | | | | | | | | | | | | | |

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| **12.** **Please give names, addresses, telephone and email address for two previous employers/organisations that would be able to provide a reference. These persons cannot be relatives and they must have known you for at least 3 years.** | | | | | | |
| **Name:** | |  | | | | |
| **Address:** | |  | | | | |
| Tel: |  | | Email: |  | | |
|  | | | | | | |
| **Name:** | |  | | | | |
| **Address:** | |  | | | | |
| Tel: |  | | Email: |  | | |
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| By signing this application form, I agree that Age Action Ireland’s Community Partner Organisation, namely \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should undertake its selection process including Garda Vetting and checking references from my referees. I solemnly and sincerely declare that to the best of my knowledge there is nothing in relation to my conduct or personal background that would adversely affect the position of trust in which I would be placed by virtue of my acceptance onto the above program. I declare that all the information I have given is truthful and correct. This agreement is binding in honour only and is not intended to be a legally binding document. | | | | | | |
| **Signed:** | |  | | | **Date:** |  |

Please return to: Stephanie Cadogan, Cobh Family Resource Centre, Park House, Cloyne Terrace, Cobh, Co. Cork