

VOLUNTEERING INFORMATION & APPLICATION FORM



VOLUNTEERING INFORMATION

The work of the Asthma Society of Ireland would not be possible without the help of hundreds of volunteers around the country giving their time, energy and commitment to further our objectives.

Asthma Society of Ireland work with volunteers in a wide variety of ways and are always looking for new and enthusiastic recruits.

If you are interested in volunteering, please fill out the application form and take note of the conditions below.

Thank you for considering the Asthma Society.

IMPORTANT NOTES:

- Volunteers must be over 16 years of age
- Volunteers are subject to Garda Vetting
- Volunteers will be required to provide proof of identity and referees
- When you contact us, we can arrange to meet you and talk you through our work and answer any questions you might have.

We look forward to hearing from you.

Thank you.

Please complete this Form and return with a copy of valid ID (Passport or Driver's Licence only) to:

**Deirdre Lennon, Fundraising Manager,
Asthma Society of Ireland, 42-43 Amiens Street, Dublin 1**

You may also scan and email the form to Fundraising@asthmasociety.ie

asthma.ie



VOLUNTEER APPLICATION FORM



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FIRST NAME

LAST NAME

ADDRESS

TEL

(Landline)

MOBILE

EMAIL

D.O.B

NATIONALITY

OTHER LANGUAGES

NAME & NUMBER OF
EMERGENCY CONTACT:

HOW DID YOU HEAR
ABOUT US?

Opt in to hear from us by Email/Phone/Mobile/SMS/WhatsApp) – Yes No

Opt in to hear from us by post – Yes No

HAVE YOU EVER DONE
VOLUNTEER WORK?

Yes No – If yes, please give details

VOLUNTEER APPLICATION FORM



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WHY DO YOU WANT TO VOLUNTEER NOW?

WHAT KIND OF VOLUNTARY WORK INTERESTS YOU?

- | | |
|---|---|
| <input type="checkbox"/> Assisting with general office work | <input type="checkbox"/> Provide pro bono assistance |
| <input type="checkbox"/> Assisting with fundraising events | <input type="checkbox"/> Assisting with other events |
| <input type="checkbox"/> Assisting with school visits | <input type="checkbox"/> Assisting with health care events if you are a healthcare professional |
| <input type="checkbox"/> Being on a board/committee | <input type="checkbox"/> Advocate trainer/mentor |

WHEN ARE YOU AVAILABLE FOR VOLUNTEER WORK?

- | | | | |
|----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
|----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|

WHAT SORT OF TIME COMMITMENT WOULD YOU BE INTERESTED IN?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Occasional | <input type="checkbox"/> More regularly |
|-------------------------------------|---|

GEOGRAPHICAL AREA

DO YOU HAVE ANY PARTICULAR SKILLS OR QUALITIES THAT YOU COULD USE IN YOUR VOLUNTARY WORK?

DO YOU HAVE SPECIAL NEEDS THAT SHOULD BE AWARE OF?