



THE IRISH BLUE CROSS

A N I M A L W E L F A R E C H A R I T Y

VOLUNTEER APPLICATION MOBILE CLINIC DRIVER Full clean C1 licence is essential for this position

Personal Details

Title
First Name
Last Name
Address
Telephone (day)
Telephone (mobile)
Email

Please tick your availability

Daily	<input type="checkbox"/>	Morning	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Monthly	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

Please tick which clinics you could attend. Clinics start at 6pm and finish at approximately 8.30pm

Cabra - Monday	<input type="checkbox"/>	Ballyfermot - Wednesday	<input type="checkbox"/>
Tallaght - Monday	<input type="checkbox"/>	Smithfield - Wednesday	<input type="checkbox"/>
Blanchardstown - Tuesday	<input type="checkbox"/>	Finglas - Thursday	<input type="checkbox"/>
Crumlin - Tuesday	<input type="checkbox"/>	Walkinstown - Thursday	<input type="checkbox"/>
Ballybrack - Wednesday	<input type="checkbox"/>	Whitehall - Friday	<input type="checkbox"/>

Do you have your own transport?

<input type="checkbox"/>	<input type="checkbox"/>
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Please give details of volunteering experience you may have, IT skills and any other relevant work history or skills that you may have

(have previously worked with animals, have volunteered previously, have worked in customer service, have IT skills etc)

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Please continue on a separate page if necessary

Please tick any other tasks you would be interested in volunteering for (not all tasks will be available)			
Mobile Clinic cleaning		Assisting with fundraising events	
General cleaning/laundry		Cash collections	
General office duties		Reception duties	

Reference Details - Please provide 2 referees
Please supply details of at least 1 person (not a family member) who can verify your relevant driving experience

Title	Title
First Name	First Name
Last Name	Last Name
Address	Address
Occupation	Occupation
Telephone	Telephone
Email	Email
How they know you	How they know you

Signed	Date

Charity Number 20203128