

GARDAI HELPING SERIOUSLY ILL CHILDREN.



Little Blue Heroes

FOUNDATION

Registered Charity No. 20158712

LBH App No. Office use only



Application Form - Volunteer

Applicant Contact Information

To help us with your application please fill in this form using BLOCK capitals and black or blue pen.

Title Mr Mrs Ms (please tick)

Full Name

Date Of Birth

dd / mm / yyyy

Age

Male


Female

Address 

Eircode

Contact Phone Number

(including area code)

Email address 

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Full Name

Contact Phone Number

(including area code)

Relationship

Where did you hear about us?

(please tick)

- Social Media
 Website
 Press/Newspaper/Radio
 Friend or Family
 Our Events
 Little Blue Heroes Volunteer
 An Garda Síochána
 Garda Review
 IPA Ireland
 Other (please give details)

Have you ever been involved or fundraised for Little Blue Heroes Foundation before ?

Yes No If yes, when?





Volunteer Role

Please select the area you wish to volunteer in

- Fundraising Events
- Accounting Support
- Family Liaison Volunteer
- Public Relations
- Technical Support (ICT/Website/Social Media)
- Regional Garda Ambassador (Garda Members only)
- Children's Events
- Admin Support

When are you available to volunteer? (Please indicate days and times)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Any region or county preference? Yes No If yes, where?



Background Information

Do you have any medical condition/illness that might affect your work as a volunteer? If yes, please give details:

Please tell us why you want to volunteer with Little Blue Heroes Foundation?

Have you any previous experience that would be helpful in this role?

Do you have any specific skills, special interests, hobbies or qualities you think may be relevant to the volunteer role?

Please give details of your most recent work experience or current work position



Self-Disclosure/Garda Vetting

Garda Vetting is a requirement for all volunteer roles within our organisation

Self- Disclosure. Because of the nature of our work we need to know:

Have you ever been convicted of a criminal offence in Ireland or any other country? Yes No

Have you ever been subject of a criminal investigation in Ireland or any other country? Yes No

Do you have any criminal investigations or court cases pending against you? Yes No

Are there any current/ previous personal, employment or volunteer background reasons that may be recognised now or at a later stage as deeming you unsuitable to work with Little Blue Heroes Foundation. If Yes please give details:

Garda Vetting: Please complete the Garda vetting form attached to this application form. We will not process Garda vetting until we have met with you regarding a suitable role.





References

Please supply us with the names of two referees (cannot be relatives/friends) from Ireland that would be willing to act as referees

Please note your referees will be contacted before you start as a volunteer with us.

Full Name **Reference 1**

Address

Email

Position

Contact No. (including area code)

Full Name **Reference 2**

Address

Email

Position

Contact No. (including area code)



Signature of Applicant

I declare that the information I have given is, to the best of my knowledge, true and accurate, I accept I will be placed on a minimum two months trial period after which my placement will be reviewed.

Signature:

Name:

Date:



Return Application

The information you provide will be stored in confidence under the provisions of the Data Protection Act.

Completed volunteer form and vetting application form must be attached and returned by post to the registered office at:

**Little Blue Heroes Foundation,
13 Oak Vale,
Bailis Downs,
Navan,
Co. Meath,
C15 HYV7**

Office Use Only

Received Date: dd / mm / yyyy

Checked by phone/email/post: (Please circle)

Follow Up:

References Returned: Yes No

Date Applicant informed of decision: dd / mm / yyyy

