



**Volunteering Application Form**  
**Ballymun Regional Youth Resource**  
 Central Youth Facility, Sillogue Road  
 Ballymun, Dublin 11  
 01 8667600  
 bryrvolunteering@eircom.net

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Why would you like to volunteer at BRYR?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us about any youth training or previous involvement with youth activities or clubs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What times are you available to volunteer? (Please check the times that are convenient for you to volunteer)

	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
Morning							
Afternoon							
Evening							

Do you suffer from any illness/disability/medical condition which at times may affect your ability to work with young people? If so, please explain.

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Could you offer the names of two people (not related to you) who know you well and could provide us with a reference?

*Reference 1*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

*Reference 2*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with children.

I declare that the above information is true and agree that I will abide and accept the terms and conditions of participation.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

*Thank you for your interest in volunteering with us!  
We will contact you soon to talk about the opportunities that are available.*

For Office Use Only

Checked by Phone: \_\_\_\_ Visit: \_\_\_\_ Letter: \_\_\_\_

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Follow up action:

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