

Volunteer Form



Amnesty International Ireland

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E-mail: volunteering@amnesty.ie

Web: www.amnesty.ie

IMPORTANT NOTE: Due to the high level of interest in volunteer work with Amnesty International Ireland, we are unable to accommodate every applicant.

Date of application:	
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Personal Details	
Name and surname:	
Address:	
Telephone:	
Email:	
Emergency Contact:	
(Note to overseas applicants: please provide contact details of someone living locally)	

Areas of Interest (please select one or two options only):		
Campaign (Demonstration, photo ops, petitioning)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fundraising (Supporting events or gigs, recruitment, marketing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Office Administration (Mail outs, data entry IT work, filing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any Department	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I would like to volunteer

Mornings Afternoons Nights

If we do not have any current vacancies, may we call on you to assist us with urgent tasks **during office hours?** Yes No

Declaration (Confidential):

Have you ever been convicted of a criminal offence or been the subject of a Caution or of a Bound Over Order?

Yes No

Signed: _____

If yes, please state below the nature and date (s) of the offence (s):

Nature of Offence

Date of Offence

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

Signed: _____

Confidentiality Statement

In the course of your work, you may be dealing with information that is confidential e.g. embargoed reports, refugee and prisoner files, and finance and business procedures. Such information should never be disclosed during or after your work in the Irish Section office to any person or organisation without the express permission of the Directorate.

I agree to maintain the confidentiality of information relating to Amnesty International Ireland.

I confirm that all of the information contained in this application is true to the best of my knowledge.

References

Please provide the names and addresses of one or two people whom we could contact for a reference (not relatives).

Name:	Name:
Address:	Address:
Telephone:	Telephone:

Thank you for taking the time to fill out this application. Please read the following and sign if you are in agreement.

Signed: _____

Date: _____

For Office use:
