Internship Application Form



Amnesty International Ireland First Floor, Ballast House, Westmoreland Street, Dublin 2 Tel: +353 (0) 1 863 8300 E-mail: positions@amnesty.ie Web: www.amnesty.ie

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

Date of application:				
Personal Details				
Name:				
Address:				
Telephone				
Email:				
Emergency Contact:				
(Note to overseas applicants: p	lease provide cont	act details of someone	living locally)	
Diseas indicate if you are a				
Please indicate if you are a:				
Transition Year Student				
Secondary School Students Only - School & teacher's name and phone number:				
Secondary School Students	Only – Parents' na	ame & contact number	· · ·	
Secondary School Students Only – Parents' name & contact number:				
Intern				
Work Experience				
General Volunteer				
Are you a fluent speaker of Eng	glish?	Yes 🗌	No 🗌	

Availability

Please note that	volunteers	are required to	be available for at	least	one month.
I am available:	Mornings		Afternoons		

Starting Date:

Do you have fluent written English?

Finishing Date:

No 🗌

Yes

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If we do not have any current vac office hours? Yes	ancies, may we call on you to assist us with urgent tasks during
volunteer opportunities with Amn Declaration (Confidential):	
Have you ever been convicted of Over Order?	a Criminal Offence or been the subject of a Caution or of a Bound
Yes No	
Signed:	
If yes, please state below the nat	ure and date (s) of the offence (s):
Nature of Offence	Date of Offence

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

Confidentiality Statement

In the course of you 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

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 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. **Please attach your CV and return it with this application.**

Signed:

Date:

For Office use: