



ana liffey drug project
ACTION • PREVENTION • SUPPORT

Volunteer Application Form

Thank you for your interest in volunteering with Ana Liffey Drug Project. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ E-Mail: _____

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

Name: _____ Relationship: _____

Telephone: _____ Mobile: _____

Equal Opportunities

Ana Liffey Drug Project is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, colour, nationality, religion, sex, marital status, family status, sexual orientation, disability, age or membership of the Traveller Community. Ana Liffey Drug Project fully endorses a working environment free from discrimination and harassment.

All staff and volunteers are required to complete a Garda Vetting Form as part of the application process. In the meantime, please complete the question below.

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

Yes No

If you ticked yes, please provide details below:

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No

If yes, please tell us a little about the experience, such as the length of time and volunteer role.

2. Why do you want to volunteer with the Ana Liffey Drug Project? What has motivated you to apply to us?

3. Please tell us about any particular skills or qualities you possess or any educational qualification or work experience that may be relevant to your voluntary work?

4. Are you applying for a specifically advertised position? Yes No

If yes, please state the role name: _____

5. What kind of voluntary work interests you?

- Drop in/Open Access Support
- Street work/Outreach
- Needle and Syringe Program Support
- Group Work Support Volunteer
- Assertive Case Management Support
- Prison or Hostel In reach
- Administration/Reception
- Other, please specify:

6. When are you available for voluntary work? Totally Flexible

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

7. How long do you intend to volunteer for? _____
(Some opportunities demand a minimum time commitment, reviews will take place after 6 months.)

8. Where do you wish to volunteer?

- Dublin
- Limerick

9. How did you find out about volunteering with Ana Liffey Drug Project?

- Ana Liffey Drug Project Website
- Word of Mouth
- Pamphlet/Flyer
- Internet site, please specify: _____
- A Volunteer Centre
- Media Radio / Television / Newspaper
- Other _____

References

1.
Name: _____ Relationship: _____
Organisation: _____ Position: _____
Phone: _____ E-Mail: _____

2.
Name: _____ Relationship: _____
Organisation: _____ Position: _____
Phone: _____ E-Mail: _____

If you have any queries when completing this application form, please e-mail our Volunteer Coordinator at lauren.crook@aldp.ie . If you would like to find out more about the Ana Liffey Drug Project you can visit our website at <http://www.aldp.ie>.

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. The Ana Liffey Drug Projects works from a hard reduction, low-threshold approach. All my actions as a volunteer will reflect the ethos of Ana Liffey Drug Project.

Signed _____ Date _____

For office use only

Notes

Date Application Received _____

Sent to Team Leader _____

Volunteer Contacted _____

Volunteer Interview _____

References Collected _____

Volunteer Position _____

Volunteer Start Date _____

Volunteer Induction Date _____

Volunteer End Date _____

