

# The WEB Project

Whitechurch Library, Taylors Lane, Ballyboden, Dublin 16. Tel: 01-4957171.

## VOLUNTEER APPLICATION FORM

Name: .....

Address: .....

.....

Date of Birth: ..... Telephone: .....

PRSI number: .....

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### Education and Training

From	To		Qualifications obtained

### Current/Recent Work experience

From	To		Qualifications obtained

Why would you like to become a WEB Project volunteer?

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References: (1) .....

(2) .....

I understand that the WEB Project is not obliged to offer me voluntary or paid work. I give my permission for the WEB Project to check up on my references and to seek Garda clearance for me if my duties are likely to bring me into contact with children or vulnerable people.

Should a suitable volunteering opportunity arise, I will submit original certificates (not copies) showing my professional qualifications. If engaged as a voluntary Community Healing practitioner or counsellor I will produce evidence that I carry my own professional indemnity insurance.

Signed: ..... Date: .....

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