

EVS VOLUNTEER APPLICATION FORM 2012/2013

Private and Confidential (please complete all sections fully)

Application form and letter of motivation must be returned before the 1st February

Please be aware that the EVS project will be from 1st September 2011 to 30th June 2012.

Please insert a Photo of yourself here.

PERSONAL DETAIL	S				
Surname					
Forename	(Gender			
Email	I	Date of Birth			
Address					
		T	Т		
Telephone Number		Mobile Number			
Nationality					
Name of person to be	contacted in case of emergency				
What is your relationsl	hip to this person?				
Telephone number of J	person to be contacted in case of	of an emergency			
Present occupation					
Where did you hear about Clonakilty Kindergarten?					













CLONAKILTY KINDERGARTEN EVS VOLUNTEER APPLICATION FORM 2012/2013

SENDING ORGANISATION DETAIL	S			
Organisation Name				
Contact Person		Sending Code		
Address				
Email		Web site		
Telephone		Fax		
EDUCATION, QUALIFICATIONS AN	ND TRAINING			
From / To	School / College / University		Subject of study/Qualifications received	
VOLUNTEERING				
Please give details of any voluntary exp	erience you may have	2)		
From / To	Organisation		Main Duties / Responsibilities	

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PREVIOUS EMPLOYMEN	T – Full or Part Time			
From / To	Employer	Main Duties / Responsibilities	Reason for Leaving	
YOUR MOTIVATION				
Please take your time to answ	wer the following questions as fo	ully as possible.		
What is your motivation for				
What is your motivation for	applying to this project in partic	cular?		
What are the challenges that	you anticipate when volunteering	ng within a childcare project?		
Why are you choosing Irelan	d for your placement?			

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HEALTH				
Do you have any recurring mental or physic	cal illness?	Yes	No	
If <i>yes</i> can you please describe this illness an nature will not stop full consideration of yo		oact on your ro	le. Please note that a p	roblem of this
REFERENCES				
Volunteers are also required to produce two country that they are travelling from and in Please give the name, address, telephone no assess your skill, knowledge and aptitude for professional or study capacity.	formation relating tumber and occupation	o medical histoon of two refer	ory if appropriate. ees, who would be in a	position to
	Name			
	Occupati	ion		
	Relationship	to you		
	Addres Please include for as reference for sent to these ac	ıll address ms will be		
	Email			
	Telepho Numbe			

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VETTING OF VOLUNTEERS	
Because of the nature of our work with young Do you have a criminal record or have you cor	
	the answer is Yes. We may need to discuss it with you. It will not olunteer. If you wish, you may give further details below.
Please note that as part of the application property our home country outlining any previous c	rocess you will be required to provide a letter from the police force in criminal convictions.
understand that inaccurate or false information withdrawn. Application forms must be signed	m is complete and correct to the best of my knowledge and that I a given may result in an offer of volunteering or placement being and dated. I understand that I must provide Clonakilty Kindergarten with I understand that I will be required to enter a volunteer agreement and S project with Clonakilty Kindergarten.
Applicants name (BLOCK CAPITALS)	
Applicant's signature	Date:
Please return completed form and your lette	er of motivation to:
Karen Bean EVS Coordinators Clonakilty Kindergarten Lady's Cross Clonakilty Co. Cork Ireland	
Telephone: 00353 23 8859883 clonakiltyevsapplications@gmail.com	
	uesday 1 st February 2011. You must include a letter of motivation. idates must POST a copy of this page to the address above.