

Please provide names and addresses of two people who we may approach for a character reference.

1.

Tel no. Email.

2.

Tel no. Email.

**References to be taken up prior to placement**

Any other information you may wish to tell us which may be relevant to your application?

**The Donkey Sanctuary**

Mission Statement

The Donkey Sanctuary's aim is to prevent the suffering of donkeys worldwide through the provision of high quality, professional advice, training and support on donkey welfare. In Ireland and the UK permanent sanctuary is provided to any donkey in need of refuge.

**The Elisabeth Svendsen Trust for Children & Donkeys**

Mission Statement

The aims of the Elisabeth Svendsen Trust for Children and Donkeys are to bring enjoyment and pleasure into the lives of children with special needs and disabilities and to give them the satisfaction that comes with the achievement of learning riding skills.

Please return to: Quality Time Volunteer Co-ordinator, The Donkey Sanctuary, Liscarroll, Mallow, Co Cork  
Tel: 022 48398  
Fax: 022 48489

E mail: [info@thedonkeysanctuary.ie](mailto:info@thedonkeysanctuary.ie)  
Web site: [www.thedonkeysanctuary.ie](http://www.thedonkeysanctuary.ie)

Office open **Mon - Fri 8.30am - 4.30pm**, other times please use ANSAPHONE service



**Application Form for**

**Quality Time Volunteer**

**PRIVATE AND CONFIDENTIAL**

Please complete this form as fully as possible using black ink.

Title	First Names	Surname	
	Known as:	Any previous names:	
Present Address	Contact telephone No: Daytime: Evening:		
	Mobile telephone No: Email Address:		
Date of Birth	Place of Birth	Nationality	Current Occupation Status
Age will not affect the issue of appointment			
Having regard to the specific responsibility of the post, do you have any medical conditions of which we should be aware?			
Do you consider yourself to have, or have had, a disability as defined in the Disability Discrimination Act 1995 (as amended)? <b>YES / NO</b> (If yes, please give details)			
Date of last Tetanus (if unsure please check this with your GP).			
Under the Data Protection Act, we are required to inform you that records will be kept about you on manual and computerised systems. Please confirm that you have been made aware of this information and that you agree to it.			
Yes / No			

Do you have a full valid driving licence? If yes Would you be willing and able to drive one of our vehicles if required? Yes/No

**For our insurance purposes, please provide a copy,** (if you have a photo card please also provide a copy of your paper counterpart as they are both needed to make up the complete driving licence).

Have you been a voluntary helper with any other charity? If so, which one(s)?

Please state your hobbies, sports, leisure interests etc.

Please list any particular skills or experience that you have that may be useful to us. (Please continue on back page if necessary.)

**What days and times are you available?**

	Times you are available to help	
Monday	AM	
	PM	
Tuesday	AM	
	PM	
Wednesday	AM	
	PM	
Thursday	AM	
	PM	
Friday	AM	
	PM	
Saturday	AM	
	PM	
Sunday	AM	
	PM	

Please let us know why you would like to become a Quality Time Volunteer?

I give permission for my eligibility to work in Ireland to be verified with the appropriate government agency if required and I certify that the information given in this application form is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

Your details will be retained by The Donkey Sanctuary and The Elisabeth Svendsen Trust for Children and Donkeys for use within the Human Resources Department. All personal information will be treated as confidential and will not be disclosed to other organisations.

**Criminal Record**

Have you been convicted of any criminal offences which are not spent? **YES/NO**

**Right to Work**

Do you require a work permit/visa to work in Ireland? **YES/NO** If yes, please give details.

We will require your Passport or other proof of ID at interview.

**Who should we contact in the case of an emergency?**

Title	First Name	Surname	Relationship to you e.g. Wife, Father etc.
Present Address		Contact telephone No: Daytime: Evening: Mobile telephone No: Email Address:	