



## Homeless and Drugs Services

### VOLUNTEER APPLICATION FORM

THE INFORMATION ON THIS FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE  
PLEASE USE BLOCK CAPITALS ONLY

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel: Daytime \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Are you 18+? \_\_\_\_\_

#### EDUCATION

Please list your educational background including qualifications/training which you think are relevant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### WORK/VOLUNTEERING HISTORY

Please give brief details of any work/volunteering experience including your current or most recent employment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to volunteer in MQI?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience, skills and/or qualities would you bring as a Volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Many service users of MQI have a variety of social, emotional and mental health problems associated with poverty, social exclusion, drug/alcohol use and homelessness. List any concerns you may have.

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Which service(s) would you most like to work with? **Please number in order of preference**

Client Services

Support Services

- Open Access Services, Merchant's Quay
- High Park Residential Programme, Drumcondra
- St Francis Farm Therapeutic Community & Training Facility, Tullow, Carlow
- Progression Pathways, Dublin 8
- Sunday Food Service
- Midlands Family Support/Athlone
- No preference

<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
<input type="checkbox"/>	Health and Safety	<input type="checkbox"/>
<input type="checkbox"/>	Information Technology e.g. Web Design	<input type="checkbox"/>
<input type="checkbox"/>	Other skills for Client Activities e.g. Holistic Therapies; Beauty Treatments,	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

We ask volunteers to give a minimum commitment of two days per week for one year.

Are you able to do this? Yes    C                      No            C

Please tick the days that you would be available to volunteer

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

Finally, how did you hear about MQI?

- |                             |   |                                |   |
|-----------------------------|---|--------------------------------|---|
| · <b>Internet</b>           | C | · <b>Directories</b>           | C |
| · <b>Media</b>              | C | · <b>Professional referral</b> | C |
| · <b>Information centre</b> | C | · <b>Other organisation</b>    | C |
| · <b>Leaflet/Poster</b>     | C | · <b>Outside Ireland</b>       | C |
| · <b>Family/friends</b>     | C | · <b>Other</b>                 | C |

Where relevant, please include location of same \_\_\_\_\_

**REFERENCES**

Please give full details of two referees (not relatives) who know you well. Please inform your referees that they will be contacted.

1. Name \_\_\_\_\_ Relationship/Capacity known \_\_\_\_\_

Address \_\_\_\_\_

Daytime Tel \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship/Capacity known \_\_\_\_\_

Address \_\_\_\_\_

Daytime Tel \_\_\_\_\_ Email \_\_\_\_\_

**You may also attach a Curriculum Vitae.**

**Please read the following carefully:**

**If I am accepted as a volunteer at Merchants Quay Ireland I understand and acknowledge that:**

1. It is important to maintain confidentiality and discretion in relation to service users of MQI
2. It is essential to notify the Service Manager/Team leader(s) as early as possible if unable to attend on a particular day (if you are regularly late or absent, we may end your volunteer duties/placement)
3. All volunteers are accepted for a minimum three months trial period after which their placement will be reviewed

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/200\_\_\_\_

Thank you for your interest in volunteering with Merchants Quay Ireland. Please return your application to:

**Kim Ralli**  
**Human Resources Dept**  
**Merchants Quay Ireland**  
**Homeless and Drugs Services**  
**10 Newmarket**  
**Dublin 8**

**Tel: 01-5240128**  
**Email: [kim.ralli@mqi.ie](mailto:kim.ralli@mqi.ie)**  
**Website: [www.mqi.ie](http://www.mqi.ie)**

**FOR OFFICE USE ONLY**

Received \_\_\_\_\_/\_\_\_\_\_/200\_\_\_\_ Interview date \_\_\_\_\_/\_\_\_\_\_/200\_\_\_\_ at \_\_\_\_\_

Interviewed by \_\_\_\_\_

Garda Vetting  Ref/Chk  Accepted: Y/N \_\_\_\_\_ Started \_\_\_\_/\_\_\_\_/200\_\_\_\_ Service \_\_\_\_\_

Days/Shifts Agreed \_\_\_\_\_ Training Received: Induction  DAT

Notes \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/200\_\_\_\_