



Special Olympics
Ireland

VOLUNTEER APPLICATION FORM

Residents of Northern Ireland

SPECIAL OLYMPICS USE ONLY

Volunteer ID Number: _____

Date Received: ____/____/____

Photo Received: (Y/N) _____

Form Audited By: _____

(Print Name)

Section 1: PERSONAL INFORMATION



*Mandatory Fields are marked with an asterix **

For Surname, First name and Middle name - please state as on birth certificate

Mr/Ms/Mrs/Miss

*First Name

Middle Name

*Surname

Former/Maiden Name

*Date of Birth

*Gender: Male Female

D D M M Y Y Y Y

Driver's Licence Yes No

Driver's Licence Type

A A1 B C C1 D D1 EB EC EC1 ED ED1

*YOUR CONTACT DETAILS (you must supply a current telephone number or email address)

Mobile Phone

Landline DAY

Evening

Email Address _____

*Please tick this box if you would like to receive our quarterly newsletter "Connect" electronically?

*YOUR CURRENT ADDRESS (you must supply your current HOME address)

*Address Line 1

Address Line 2

Address Line 3

*City/Townland

(e.g. Ardee, Cork City, Dublin 7)

*County

Post Code

EMERGENCY CONTACT DETAILS

*First Name

Relationship to you

(e.g. Spouse, Partner, Father, Mother, Brother, Sister, Guardian, Carer)

*Surname

*Emergency Contact Number

Alternative Contact Number

Section 2: REFERENCES & CONTACT DETAILS



Please list two friends or NON family referees (you have known for 2 years or more) who may be contacted by Special Olympics Ireland to provide a character reference. Please notify referees they may be contacted by Special Olympics Ireland.

*First Reference

First Name Relationship to you
(e.g. Friend, Colleague, Teacher, Priest etc.)

Surname

Address Line 1

Address Line 2

Address Line 3

City/Townland Day Phone
(e.g. Ardee or Dublin 7)

County Evening

Post Code Mobile Phone

*Second Reference

First Name Relationship to you
(e.g. Friend, Colleague, Teacher, Priest etc.)

Surname

Address Line 1

Address Line 2

Address Line 3

City/Townland Day Phone
(e.g. Ardee or Dublin 7)

County Evening

Post Code Mobile Phone

Section 3A: PROFESSIONAL EXPERIENCE



This section will help to identify which role within Special Olympics maximises the best use of your existing skills

Occupation

If you are applying as part of a group, organisation or company, please state the name of the group. (e.g. eircom, Accenture, Kia, Topaz)

Group Name

PROFESSIONAL SKILLS

The following list is indicative of the skills we require. Please indicate, in order of preference, three skills you wish to contribute as a volunteer.
 (Note: the number 1 = first preference, the number 2 = second preference and the number 3 = third preference)

Administration <input type="checkbox"/>	Driving <input type="checkbox"/>	Human Resources <input type="checkbox"/>	Safety <input type="checkbox"/>
Catering <input type="checkbox"/>	Entertainment <input type="checkbox"/>	Logistics <input type="checkbox"/>	Security <input type="checkbox"/>
Customer Services <input type="checkbox"/>	Event Management <input type="checkbox"/>	Media/PR <input type="checkbox"/>	Training <input type="checkbox"/>
Data Entry <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Public Speaking <input type="checkbox"/>	Website Management <input type="checkbox"/>

Section 3B: MEDICAL SKILLS



Do you have first aid training? Yes No

Do you have a medical / healthcare background? Yes No

If "YES", please tick the relevant boxes below.

	Qualified	Student		Qualified	Student
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Dentist	<input type="checkbox"/>	<input type="checkbox"/>
Medical Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	Ambulance Driver	<input type="checkbox"/>	<input type="checkbox"/>
Medical Records Clerk	<input type="checkbox"/>	<input type="checkbox"/>	Optometrist	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Massage Therapist	<input type="checkbox"/>	<input type="checkbox"/>	Audiologist	<input type="checkbox"/>	<input type="checkbox"/>

Section 3C: SPORTS SKILLS



List of sports undertaken by Special Olympics Ireland;

Aquatics, Athletics, Alpine Skiing, Badminton, Basketball, Bocce, Bowling, Equestrian, Football, Golf, Gymnastics, Kayaking, Pitch & Putt, Table Tennis, Motor Activities Training Programme

Do you have a background in any of the above Special Olympics Ireland sports? Yes No

If "Yes", please provide details of up to two sports and your level of involvement.

Name of First Sport

- Administrator
- Competitor
- Official
- Coach
- Competition Management

Name of Second Sport

- Administrator
- Competitor
- Official
- Coach
- Competition Management

If you are an *official* or a *coach*, please let us know:

Qualification: _____
 (Introductory, Level 1, Level 2 etc)

Qualifying body: _____

Expiry date of qualification: _____

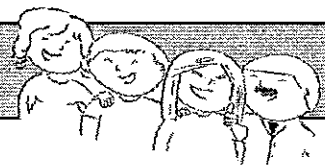
If you are an *official* or a *coach*, please let us know:

Qualification: _____
 (Introductory, Level 1, Level 2 etc)

Qualifying body: _____

Expiry date of qualification: _____

Section 4: VOLUNTEER OPPORTUNITIES



Please indicate, in order of preference, three areas you would like to get involved in as a volunteer. For more information on the different areas, please see our website www.specialolympics.ie

(Note: the number 1 = first preference, the number 2 = second preference and the number 3 = third preference)

- | | |
|---|--|
| Local Club <input type="checkbox"/> | Committee Member <input type="checkbox"/> |
| Events - Local Area <input type="checkbox"/> | Schools Programme <input type="checkbox"/> |
| Athlete Leadership Programme <input type="checkbox"/> | Family Support Programme <input type="checkbox"/> |
| Fundraising <input type="checkbox"/> | Healthy Athlete Programme <input type="checkbox"/> |
| Administration <input type="checkbox"/> | No Preference <input type="checkbox"/> |

NOTE: If you already know your role within Special Olympics, please tell us in the box provided:

Is there any other relevant information you wish to supply? _____

Section 5: Photo



In order for you to be registered as a volunteer with Special Olympics Ireland, you will need to provide us with either

1. A colour passport quality photo OR 2. A digital image

Attach photo here

Do NOT use staples

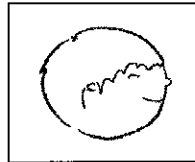
Photo should be approximately
5cm x 4cm
(about the size of this box)

Rules to adhere to for all photographs:

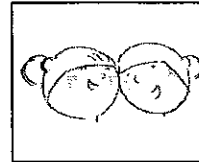
- * The volunteer in the photograph must not be wearing a hat or sunglasses
- * The photo / digital image must be from the shoulders up and the background must be clear and plain
- * The photo / digital image must be of passport quality and dimensions



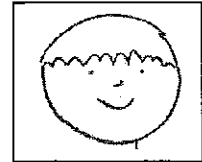
✗ No hats or sunglasses



✗ Eyes open, face towards camera



✗ Only one face in the picture



✓ Clear picture of volunteer's face on plain background

1. A Colour Photo

If you chose this option please ensure that:

- * The photo is in colour on a pale background
- * Attach the photo in the space above using either glue or double sided tape
- * Staples or tape that cover the photo will render it unusable
- * Write clearly on the back of this photo your firstname, surname and date of birth (DD/MM/YYYY)

2. Digital Image

If you chose this option please ensure that:

- * The digital image is saved in the format **Firstname Lastname DDMYYYY.JPG** eg. Paul Ryan 25111989.JPG
- * The image should be 600dpi and measure approximately 5cm x 4cm (the same dimensions as a passport photograph)
- * Email the digital image to volunteers@specialolympics.ie

Section 6: VOLUNTEER WAIVER AND RELEASE STATEMENT

Special Olympics Ireland Limited (SO Irl) requires all volunteers to agree to the following waiver. I understand that:

- The information that I provide may be verified and I give permission to Special Olympics Ireland Limited (hereafter referred to as SO Irl) to make enquiries of nominated referees to determine my suitability to act as a volunteer.
- In the course of volunteering for SO Irl I may be dealing with confidential information and I agree to keep such information in the strictest of confidence.
- SO Irl has a Code of Ethics & Good Practice Policy that provides an environment that promotes the safety of each individual at all times. I confirm that I have read the Code of Ethics & Good Practice Policy - Volunteers Section and I recognise my responsibility to abide by this at all times. (Full Code of Ethics & Good Practice available on our website.)
- The relationship between SO Irl and the volunteer is an "at will" arrangement and either the volunteer or SO Irl may terminate it at any time without cause or notice.
- The signature on this form grants permission to Special Olympics Ireland Ltd to use the volunteer's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, both during and anytime after the events, and in any form, for advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.
- I understand that SO Irl operates on a charitable and not for profit basis and that, as such, it does not accept responsibility for personal injury, illness, death or loss or damage to the property of volunteers however arising (except as a direct result of the negligence of SO Irl or its employees) and I hereby waive any such claims against SO Irl, its employees, volunteers or agents.
- I understand that my personal information will be held and processed by SO Irl in accordance with the Data Protection Act 1988, as amended by the Data Protection Act 2003 and I fully consent to same.
- I understand that the nature of SO Irl and the participating athletes make it necessary to have a screening process in place for all volunteers and I hereby consent to the use of such a screening process on any application I may submit in this regard.

NOTE: On receipt of your application, we will send you an AccessNI vetting form. This form must be completed, stamped in your local PSNI station and returned to the address below before we can process your application form for Special Olympics Ireland.

NAME: _____

DATE SIGNED: _____

SIGNED: _____

If you are under the age of 18 years, the signature of your parent or legal guardian is also required.

SIGNATURE OF PARENT / LEGAL GUARDIAN: _____

PLEASE RETURN ALL COMPLETED APPLICATION FORMS TO:

Special Olympics Ireland
4th Floor, Park House
North Circular Road
Dublin 7
Email: volunteers@specialolympics.ie
Ph: +353 818 300053



Special Olympics
Ireland

Dear Volunteer

I have enclosed a Disclosure Certificate Application form for AccessNI for your completion. AccessNI enables Special Olympics Ireland to make more informed recruitment decisions by providing criminal history information on our volunteer applicants. It is our policy in Special Olympics Ireland that every volunteer must complete this process before they can volunteer with us. If you want to find out more information on AccessNI please visit their website www.accessni.gov.uk.

Once we receive your completed application form we will submit it to AccessNI where they carry out the necessary checks. A Disclosure Certificate will then be issued to yourself and one to Special Olympics Ireland. This document provides details on your criminal record, if you have one.

All information provided in this form will be treated with the strictest confidence. Information contained in your Disclosure Certificate is reviewed in the context of the voluntary role you wish to fulfil. Once we are satisfied with the information contained, you are assigned to an affiliated group/committee/event and we have a photograph of you we will issue you with your own unique volunteer photographic membership card.

Filling out the Application Form:

To make it easier for volunteers we only provide you with the relevant sections of the form.

You must return these 4 pages directly to Special Olympics Ireland.

Do NOT send to AccessNI.

Please complete the form in CAPITAL letters and use black ink. Failure to complete the form correctly may result in a delay or the form being returned unprocessed. Should you have any questions in relation to completing this form you can either contact AccessNI directly or contact Special Olympics Ireland below. It will take circa 4 weeks from the date AccessNI receive your form to receipt of Certificate.

Kind regards,

A handwritten signature in black ink, appearing to read 'S Mc Dermott'.

Stephanie Mc Dermott
Volunteer Manager
Special Olympics Ireland
+ 353 1 869 1623

PART D Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1 Current address

D2 Town / City

D3 County

D4 Country

D5 Postcode

D6 Lived at this address since / /

Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above).

D7 Delivery address

D8 Town / City

D9 County

D10 Country

D11 Postcode

PART E Address history

If you have lived at the address at D1-D5 for less than 5 years please provide details of all your previous address(es), including student accommodation, and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address Continuation Sheet – this is downloadable at www.nidirect.gov.uk/accessni.

E1 Address

E2 Town / City

E3 County

E4 Country

E5 Postcode

E6 Lived at this address from / / to / /

E7 Address

E8 Town / City

E9 County

E10 Country

E11 Postcode

E12 Lived at this address from / / to / /

PART F Names history

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

F1	Previous surname	<input type="text"/>						
F2	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F3	Previous surname	<input type="text"/>						
F4	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F5	Previous forename	<input type="text"/>						
F6	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F7	Previous forename	<input type="text"/>						
F8	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>

Once you have completed Part F, please return to B8 to continue with this Form.

PART G Declaration by Applicant

I understand the following:

- AccessNI may use the information I have supplied on this form to verify my identity and to check this application.
- AccessNI may use the information I have supplied on this form for the purposes of the prevention or detection of crime in accordance with section 29 of the Data Protection Act 1998.
- AccessNI may pass the information I have supplied on this form, and any other information I have supplied in support of this application to other Government organisations and law enforcement agencies in accordance with section 29 of the Data Protection Act 1998.
- By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true. I will supply AccessNI with any additional information required to verify the information provided in this application. I understand that knowingly to make a false statement in this application is a criminal offence.

G1 Do you have any convictions? No Yes

G2 Signature of applicant (please sign in box)

G3 Date of signature

/

G4 Name (in CAPITALS)

You must now return this form to the person who asked you to complete it

PART H Identification Check

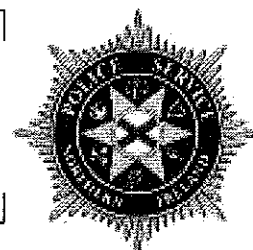
When an individual is seeking a Disclosure Certificate they must have their identity evidenced and verified at a PSNI station (unless they have been advised otherwise).

H1 I have established the true identity of the applicant to be the person named in Part B by examining a range of documents as set out in AccessNI Guidance (see below).

H2 PSNI Officer's name

H3 PSNI Officer's number

H4 PSNI Station Stamp Stamp



H4 Date

✓ Please tick here what documentation you have seen

Three documents must be produced in the name of the applicant; **one from Group 1 and two from Group 2**. If this is not possible, then five documents from Group 2 must be produced. It is preferred that at least one of these documents includes photographic identification.

GROUP 1		GROUP 2	
<input type="checkbox"/>	Valid Passport	<input type="checkbox"/>	Marriage certificate/ Civil Partnership Certificate
<input type="checkbox"/>	UK Driving Licence Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photocard or paper a photocard or paper (a Photocard is only valid if accompanied with the paper counterpart)	<input type="checkbox"/>	Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
<input type="checkbox"/>	Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)	<input type="checkbox"/>	P45/P60 statement
<input type="checkbox"/>	Valid photo identity card (EU countries only)	<input type="checkbox"/>	Utility bill (electricity, gas, water, telephone – including mobile phone contract/bill)
<input type="checkbox"/>	UK Firearms licence	<input type="checkbox"/>	Valid TV licence
<input type="checkbox"/>	HM Forces ID card (UK)	<input type="checkbox"/>	Credit card statement
<input type="checkbox"/>	Adoption Certificate (UK)	<input type="checkbox"/>	Store card statement
<p>* documentation must be less than 3 months old</p> <p>** documentation must be issued within the last 12 months</p>		<input type="checkbox"/>	Mortgage Statement
		<input type="checkbox"/>	Valid insurance certificate
		<input type="checkbox"/>	Certificate of British nationality
		<input type="checkbox"/>	British work permit/visa **
		<input type="checkbox"/>	Asylum Registration Card
		<input type="checkbox"/>	AccessNI Disclosure Certificate
		<input type="checkbox"/>	Personal correspondence or a document from a Government Department *
		<input type="checkbox"/>	Bank or Building Society Document **
		<input type="checkbox"/>	Financial statement e.g. pension, endowment, ISA **
		<input type="checkbox"/>	Valid vehicle registration document
		<input type="checkbox"/>	Mail order catalogue statement*
		<input type="checkbox"/>	Court summons
		<input type="checkbox"/>	Valid NHS card
		<input type="checkbox"/>	Court Claim Form
		<input type="checkbox"/>	Addressed payslip*
<input type="checkbox"/>	National insurance number card		
<input type="checkbox"/>	Examination certificate (e.g. GCSE, NVQ)		
<input type="checkbox"/>	Letter from a Head Teacher*		
<input type="checkbox"/>	Child Benefit book		
<input type="checkbox"/>	Smartpass		

THIS FORM HAS BEEN CREATED TO ASSIST YOUR ORGANISATION WITH ROBUST ID CHECKS



Checklist to ensure form is filled out correctly:

- PART B must be completed in full by you
- PART C PLEASE IGNORE – ISA Registration is currently on hold and you do not need to fill this out
- PART D relates to your current and delivery address and must be completed by you
- PART E relates to your address history and must be completed by you if you have lived at the address given in PART D for less than 5 years
- PART F must be filled out if you have answered yes to questions B6 or B7
- PART G is the declaration and must be signed and dated by you
- PART H requires you to have your identification evidenced and verified by a PSNI officer (F1). See page enclosed on proving your identity. These are guidelines issued by AccessNI.

Please return this completed form to:

Stephanie Mc Dermott
Volunteer Manager
Special Olympics Ireland
4th Floor, Park House
North Circular Road
Dublin 7



Volunteer Details

NAME

DATE OF BIRTH

ADDRESS

Emergency Contact Details

Name

Phone

Mobile

Email address

Volunteer number
