

Photo ID required



**The Children's Medical  
& Research Foundation**  
Our Lady's Children's  
Hospital, Crumlin

## Volunteer Champion Application Form

Title: Ms. ☐ Miss ☐ Mrs ☐ Mr ☐ Other ☐

Full Name

Address

Telephone number

Mobile  Email

How would you like to be contacted? Phone  Email

**Gender:** Male ☐ Female ☐

**Age Group** under 18 ☐ 18-25 ☐ 26-40 ☐ 41-55 ☐ over 55 ☐

**Where did you hear about our organisation and volunteer opportunities?**

CMRF invitation ☐ CMRF Website ☐ CMRF Newsletter ☐

Volunteer centre ☐ other (please specify)

### Volunteer Champion Opportunities

	Tick your preference or number 1 to 4 (1 being your 1 <sup>st</sup> )
Representing CMRF at events	
School speaker	
Helping out at events	
Administration	

## Availability

Please outline your availability for volunteering (e.g. weekdays or weekends, morning, afternoon or evening) \_\_\_\_\_

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Please specify the length of commitment you can make? \_\_\_\_\_ Months

## Tell Us Your Reasons Why?

Why would you like to volunteer with the CMRF and what do you hope to gain from your experience?

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What experience, skills, qualities and talents do you have which might be useful?

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## References

Please provide us with the names of two people over the age of 18, not related to you, that you are happy for us to contact for references.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Do you have any other relevant information that you would like to share with us?

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Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you** for submitting this application form, please sign it and return it to The Volunteer Programme Manager, CMRF, 14-18 Drimnagh Road, D12 or email [info@cmrf.org](mailto:info@cmrf.org)