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| **EUROPEAN SOLIDARITY CORPS**  **APPLICATION FORM 2025/2026**  **DEPAUL – ROI/DUBLIN PROJECTS**  **Private & confidential**   Please read the attached information before completing the form & complete all sections fully. Please note you must be aged between 18 & 30 when placement commences in September 2025.  **(18-30 year old applicants only)** | | | | | | | | If you wish, you may  insert a photograph  of yourself here | |
| [01] PERSONAL DETAILS | | | | | | | | | |
| First name(s) | | |  | | | Gender | |  | |
| Surname | | |  | | | Date of Birth | | Date\_\_ Month\_\_ Year\_\_ | |
| Email | | |  | | | Age | |  | |
| Address | | |  | | | | | | |
| PRN (From European Youth Portal, if known) | | |  | | | Mobile Number inc country code | |  | |
|  | | |  | | | Nationality | |  | |
| [02] EMERGENCY (NEXT OF KIN) CONTACT DETAILS | | | | | | | | | |
| Name of person to be contacted in case of emergency | | | | | | |  | | |
| Telephone number of this person (They must be able to speak English) | | | | | | |  | | |
| What is your relationship to this person? (e.g Your Mother / Father) | | | | | | |  | | |
| [03] GENERAL INFORMATION ABOUT YOU | | | | | | | | | |
| What languages can you speak? | | | | |  | | | | |
| **English Language Skills (**Basic, Intermediate, Advanced)  Spoken Level:  Written Level:  Other Information: | | | | |  | | | | |
| Do you require a VISA? | | | | | Yes ☐ No ☐  If Yes, which Visa do you require? | | | | |
| Your present occupation | | | | |  | | | | |
| Which Airport/s can you fly from? | | | | |  | | | | |
|  | | | | | | | | | |
| **Orchid House** | **Little Britain Street** | **Back Lane** | | **Tus Nua & Rendu Apartments** | | | **Peter’s Place** | | **Sundial House** |
| **Preference (1-6):** | **Preference (1-6)** | **Preference (1-6):** | | **Preference (1-6):** | | | **Preference (1-6):** | | **Preference (1-6):** |

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| **[05] SUPPORTING ORGANISATION DETAILS (You must complete all sections)** | | | |
| Organisation Name (you must be registered with a SO before applying) |  | Organisation ID |  |
| Contact Person |  | Website |  |
| Address |  | |  |
| Email |  | |  |
| Telephone |  | |  |

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| **[06] VOLUNTEERING** | | |
| Please give details of any voluntary experience you may have: | | |
| **From / To** | **Organisation** | **Main Duties/Responsibilities** |
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| **[07] EDUCATION, QUALIFICATIONS AND TRAINING** | | |
| **From / To** | **School / College / University** | **Subject of study** |
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| **[08] PREVIOUS EMPLOYMENT** | | | |
| **From / To** | **Employer** | **Main Duties/Responsibilities** | **Reason for Leaving** |
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| **[09] YOUR MOTIVATION** |
| Please take your time with this page to explain to us in detail why you have chosen this particular project as your ESC project, please make particular reference to the skills and abilities you will bring to this position. (You must answer all questions) |
| **What is your motivation for participating with the European Solidarity Corps?**  **Why do you want to participate with Depaul?** |
|  |
| **Why do you wish to join the host project you have selected (your first preference indicated above)?**  **What do you know about the service this host project provides?** |
|  |
| **What factors do you think might lead people to become homeless?**  **What effect do you think these factors might have on the service users at the host project you have selected?** |
|  |
| **Tell us about your expectations of your role as a participant within the host project:**  **How do you think you will develop yourself?**  **What do you think you will contribute to the host project, and to Depaul?** |
|  |
| **What challenges do you anticipate when volunteering in this type of host project? (Consider your answers to 5 & 6 above, the type of project and the service user group)** |
|  |
| **How will you utilise your skills and abilities, hobbies and interests to devise meaningful activities for you and the service users?** |
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| **[10] HEALTH** | |
| Do you have any recurring mental or physical health issues?  Do you need any additional supports in order to do this type of work? | Yes No |
| If ***yes*** can you please describe this illness and how it might impact on your role (this is for personal support needs and a health issue of this nature will not prevent full consideration of your application): | |

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| **[11] REFERENCES** | | |
| Volunteers are required to produce **two work/study related references**, and a relevant **police clearance certificate** from the country that they are travelling from and **information relating to medical history** (if you ticked YES under “Health”, above).  Please give the name, address, telephone number and occupation of two referees who can assess your skills, knowledge and aptitude for this placement, preferably previous employer(s) or people who know you in a professional or study capacity; NOT friends or family members. You must include valid email addresses, and the referee should understand English, at least a little! | | |
|  | **Name** |  |
|  | **Occupation** |  |
|  | **Relationship to you** |  |
|  | **Address** |  |
|  |  |
|  | **Email** |  |
|  | **Telephone Number** |  |

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| **[12] VETTING OF VOLUNTEERS** |
| Because of the nature of our work with vulnerable young people and adults, we need to know the following: Do you have a criminal record or have you committed a criminal act in the past? \* Yes ◻ No ◻ |
| **\* NB. This includes ‘spent’ convictions. If the answer is *Yes*, we may need to discuss it with you. It will not necessarily prevent you from becoming a volunteer. If you wish, you may give further details below.** |
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| **[13] DATA PROTECTION** | | |
| I give my consent to Depaul to record, maintain and process my personal data for the purposes of my volunteer placement. I understand that my data will not be shared with any other parties outside Depaul. Depaul may contact me in the following ways: | | |
| **Events and updates from the Volunteer Department and Depaul services** | | |
| Email ◻ | Phone Call ◻ | Text Message ◻ |
| **Appeals for donations and fundraising events** | | |
| Email ◻ | Phone Call ◻ | Text Message ◻ |

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| **[14] DECLARATION** | | | |
| I declare that the information given on this form is complete and correct to the best of my knowledge and that I understand that inaccurate or false information given may result in an offer of volunteering or placement being withdrawn.  I confirm no AI tools were used to complete this application.  My application form must be signed and dated.  I understand that I must provide Depaul with a police clearance letter from my home country. I understand that I will be required to enter a volunteer agreement and abide by volunteer house rules during my European Solidarity Corps placement with Depaul.  **I am willing to commit to a 12-month ESC project with Depaul from September 2025 – September 2026.** | | | |
| **Applicant's name:**  **(BLOCK CAPITALS)** |  | | |
| **Applicant’s signature:** |  | **Date:** |  |
| **Please return completed application form by email to:** volunteerroi@depaulcharity.net  **Application forms should be emailed. There is no need to post or fax a copy. Successful candidates will be required to provide a hard copy signed with their signature.**  **Deadline for application is Friday 25th April 2025** | | | |