



Application for a jobseeker to engage in voluntary work

Part 1 To be completed by the jobseeker

1. Name: _____
 2. PPS Number: _____
 3. Name of your Intreo Centre/Branch Office _____
 4. Why do you want to volunteer? _____
 5. What do you hope to learn/gain from volunteering? _____
- Signature _____

Part 2 To be completed by the organisation involving in which the volunteering is to be undertaken

6. Name of organisation involving the volunteer: _____
7. Address of organisation: _____
8. Address where volunteer will work (if different): _____
9. Is the organisation a Voluntary Group or a Charity registered with the Charities Regulatory Authority?
Yes No
10. State the number of hours per day and days per week the volunteer will be working _____ hours a day
_____ days a week
11. Will the jobseeker be replacing a paid employee? Yes No
12. Why is there a requirement for a volunteer? _____
13. How long will this volunteer role last? From _____ To _____
14. If the application for the Voluntary Work Option is refused, what impact would that have on your organisation?

15. Will the jobseeker be doing the same type of work as a paid employee? Yes No

16. Please give a description of the voluntary work involved:

17. Is it proposed to make any payments to the jobseeker(s)? Yes No

If "Yes", please state: (i) Amount of payment: €: _____

(ii) Purpose of payment (expenses etc): _____

18. Would the jobseeker be able to leave at short notice to take up paid employment? Yes No

I apply for approval to allow the jobseeker named overleaf to do the voluntary work specified at 16 above.

Signed: _____ Position in Organisation _____

Date: _____

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/ Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

For Official Use Only

Application approved Yes/No

If 'No' state grounds for refusal

Signature _____ Date: _____

Deciding Officer