# 2879_ARC_Logo_Final_RGB

# Reflexologist Volunteer Application

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | |
| Name | | | |  | | | | | | |
| Address | | | |  | | | | | | |
| Phone Number | | | |  | | | | | | |
| E-mail | | | |  | | | | | | |
| Availability (please tick all that apply) | | | | | | | | | | | |
| Monday  AM PM | | Tuesday  AM PM | | | Wednesday  AM PM | | Thursday  AM PM | | Friday  AM PM | | | |
|  |  |  | |  |  |  |  |  |  |  | | |
| **Location** | | | | | | | | | | | | |
| 65 Eccles Street | | |  | | | Lowell House, 23 Herbert Avenue | |  | | | | |

|  |  |
| --- | --- |
| **Skills or Experience Related to the Role** | |
| Recognised Reflexology Qualification | **Yes / No** |
| Completed Reflexology in Cancer Care Course | **Yes / No** |
| Please tell us a little about your experience, skills and knowledge: | |
|  | |
| What interests you about volunteering with ARC? | |
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| --- | --- |
| References | |
| Please give us the name of two references (whom you have known for at least 2 years and who are not family members or friends). | |
| **Name (1)** |  |
| Address |  |
| Mobile Phone |  |
| E-Mail Address |  |
| How does this person know you? |  |

|  |  |  |
| --- | --- | --- |
| **Name (2)** |  | |
| Address |  | |
| Mobile Phone |  | |
| E-Mail Address |  | |
| How does this person know you? |  | |
| Agreement and Signature | | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. | | |
|  | | |
| Name (printed) | |  |
| Signature | |  |
| Date | |  |
|  | | |

## Please be advised ARC is required to complete Garda Vetting process on all successful applicants.

## ARC is also required to request that suitable applicants complete and provide certification of completion in

* Children First Training
* Safeguarding Vulnerable Adults Training

We will provide support and guidance around each of these requirements.