# 2879_ARC_Logo_Final_RGB

# Reflexologist Volunteer Application

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

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| --- |
| **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.