**Vincentian Lay Missionaries (VLM)**

**2025 Volunteer Application Form**

*Please complete your application form and return it* **by email** *to* [*info@vlm.ie*](mailto:info@vlm.ie)**PRIVACY STATEMENT – please read before completing your application**

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| --- | --- | --- |
| *i) VLM respects the privacy of your personal information. Information provided will be kept securely and used only for the purpose of processing your application. The details on this application form will* ***only*** *be disclosed to our overseas partners in the interest of finding a suitable placement for you, using your skills and meeting your expectations.*  *ii) Appendix I requires you to give information on your health and well-being. This information is only used by VLM and retained in the VLM office in Dublin and* ***not*** *shared with any third party including our overseas partners.*  *iii) Your information will be retained by VLM for a period of* ***three*** *years, should you require a volunteer reference. At the end of this period your application form will be deleted/destroyed.* *iv) As a VLM volunteer, you will sign a contract of agreement with VLM. The details of this contract, the nature of the work you will be doing and the details of your travel itinerary are not discussed with any other individual. VLM are not in a position to discuss placement, location or travel details with parents, partners, colleagues or any other relatives.*  *v) VLM endeavours to meet the general data protection guidelines as of May 2018 and abide by all national and international legislation in this regard.* | | |
| **I have read and accept the conditions of the above privacy statement** | Yes | No |

1. **PERSONAL DETAILS**

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Email Address** |  |
| **Mobile Number** |  |
| **Date of Birth** |  |

1. **EMPLOYMENT HISTORY** (most recent first)

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| **Employer name, address and telephone number:** |  |
| **Dates employed (month and year):** |  |
| **Job title:** |  |
| **Key responsibilities:** |  |

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| **Employer name, address and telephone number:** |  |
| **Dates employed (month and year):** |  |
| **Job title:** |  |
| **Key responsibilities:** |  |

1. **VOLUNTEERING HISTORY (most recent experience first, add more boxes as required)**

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| --- | --- |
| **Organisation name, address and telephone number:** |  |
| **Dates volunteered:** |  |
| **Volunteer role and details:** |  |

1. **EDUCATION & TRAINING**

**Formal education:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College/university name and address** | **Dates attended** | **Main subjects studied** | **Qualification obtained and grade achieved** | **Date(s) awarded** |
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**Other training relevant to this position:**

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| --- | --- | --- | --- |
| **College/training body** | **Dates attended** | **Course title and details** | **Qualification awarded** |
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1. **VOLUNTEER PLACEMENT INFORMATION**

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| **Length of time you wish to volunteer overseas** |  |
| **Your desired departure dates** |  |
| **Will you attend our mandatory pre-departure training sessions in Dublin** *(Venue in Dublin, time & dates TBC)* |  |
| **Will you attend a debriefing on your return** *(Venue in Dublin & date TBC)* |  |
| **Do you agree to fundraise the full cost of the volunteer placement** |  |
| **Where did you hear about VLM?** |  |

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| **Type of Placement** | | | |
| **Select below the type of placement you are most interested in. *More than one can be selected, please tick the boxes to the right.*** | | | |
| VLM’s Summer Programme:  *(annual 4 week summer school for 7-15 year olds - July to August only)* |  | Capacity Building:  Skills transfer, project assistance, professional development, partner mentoring. |  |
| Teacher Training |  | Funding Proposal & Report Writing |  |
| Adult/Skills Education |  | Administration/ICT |  |
| Sign Language/Deaf Services |  | Budgeting & Accounting |  |
| Teaching English as a Foreign Language |  | Project Monitoring & Evaluation |  |
| Music, Art or Drama |  | Archiving & Information Management |  |
| Coaching & Sports |  | Medical & Therapeutic |  |
| Community Development |  | Building/Maintenance |  |
| Online volunteering |  | Agriculture/Horticulture |  |
| **Other, please give further details:** | | | |
|  | | | |

1. **OTHER SKILLS**

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| **Other Relevant Skills** *(e.g. Languages, Coaching, TEFL, First Aid, Music, etc.)* |
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| **Other Hobbies or Interests** |
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1. **PERSONAL STATEMENT**

Please write a personal statement of no more than 500 words based on the following points:

* Why would you like to volunteer with Vincentian Lay Missionaries (VLM)?
* What your understanding of mission and international development work is
* What personality attributes you feel you can bring to the programme
* What you feel you might find challenging about the programme

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1. **RETURNED VOLUNTEERS PROGRAMME**

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| *VLM is a largely volunteer-run organisation. We rely on our returned volunteers to support the ongoing sustainability and development of the organisation. We also believe that it is important for returned volunteers to channel their experiences into active citizenship and challenging the root causes of global injustice. Please tick any activities you would be interested in longer-term.* | | | |
| **Representing VLM at exhibitions and volunteer fairs** |  | **Speaking at masses and other public events** |  |
| **Promoting VLM by word of mouth** |  | **Recruiting new volunteers** |  |
| **Contributing to building up the organisation** |  | **Facilitating training sessions at pre-departure** |  |
| **Fundraising for overseas projects** |  | **Meeting with prospective volunteers to lend advice** |  |
| **Campaigning/advocacy** |  | **Attending fundraising events** |  |

1. **REFEREES**

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| Please provide details of two referees. One referee should be an employer/educator. You must not be related to your referees. We will not contact your referees without your permission. | |
| **Referee 1:** | |
| **Name:** | **Position Held:** |
| **Email:** | **Telephone Number(s):** |

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| **Referee 2:** | |
| **Name:** | **Position Held:** |
| **Email:** | **Telephone Number(s):** |

**Equal Opportunities Statement**

VLM value difference, and recognise the gifts that the different backgrounds, skills, outlooks and experiences of our volunteers bring to the organisation and our partners. We welcome applications from diverse backgrounds and identities and will not discriminate on the basis of gender identity, sexual orientation, race, religious, cultural and ethnic backgrounds or disability.

We will make reasonable accommodations for people with disabilities in order to support their participation as volunteers.

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| **Declaration**  **I hereby confirm that I have completed this application myself and that all information provided is accurate and correct.  I also understand that information here is shared with overseas partners for the purposes of arranging my placement. I am also aware that all of my information will be deleted/destroyed after three years.** | |
| **Signed:** | **Date:** |

**APPENDIX I – HEALTH & WELLBEING  
*This info is not shared with overseas partners or insurance companies or other organisations, this is to ensure that volunteers are suitable for placement and that any special considerations are discussed at an early stage in the recruitment process.***

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| *VLM practises the recruitment of suitable volunteers to work with our partners overseas. This includes:*  *i) assessing a candidate’s suitability to work with children and vulnerable people*  *ii) ensuring that all volunteers are physically fit to travel and work in difficult conditions*  *iii) Acknowledging that all candidates should be emotionally well at the time of their placement. Working in a challenging environment away from home can sometimes bring up issues and emotions for people.*  *Please answer the questions in this section honestly.  All disclosures are treated with sensitivity and confidentiality.* | | |
| **a) As VLM takes the safeguarding of children seriously, all potential volunteers are required to complete Garda Vetting. Do you agree to this?** | **Yes** | **No** |
| **b) Can you confirm that there are no criminal convictions recorded against you in the Republic of Ireland or elsewhere or that no convictions appear on Garda records against you or that you have not been prosecuted, successful or not, pending or completed, in the State or elsewhere as the case may be?** | **Yes** | **No** |
| **c) Do you understand that VLM volunteers live in compounds and work under the guidance of the Daughters of Charity or Vincentian Fathers overseas? Can you confirm that you will respect the ethos and the community life of the Sisters and Fathers while on placement?** | **Yes** | **No** |
| **d) Are you physically fit to travel and work with VLM on an overseas placement?** | **Yes** | **No** |
| **e) Do you have any medical condition or special needs that VLM should be aware of?** | **Yes** | **No** |
| If Yes, please give details: | | |
| **f) If yes, has your doctor agreed that you are fit to go overseas?** | **Yes** | **No** |
| **g) Do you have any allergies or serious phobias (dogs, insects, etc)?** | **Yes** | **No** |
| If yes, please give details: | | |
| **h) Do you have any current or past psychiatric illness and/or have you ever suffered from symptoms of stress or anxiety which interfered with your day-to-day activities?** | **Yes** | **No** |
| If yes, please give details: | | |
| **i) You may be required to obtain a medical certificate of fitness to travel and work from your own doctor. However, VLM also reserves the right to require such a certificate from a designated doctor. Do you agree to this if deemed necessary?** | **Yes** | **No** |
| **j) You are responsible for having a consultation with a travel healthcare specialist before departure. You are also responsible for arranging the appropriate vaccinations and inoculations required for your assignment. The associated costs are not included in your volunteer payment. Do you agree to this?** | **Yes** | **No** |
| **k) While VLM provides travel, medical and personal insurance for the time you are on your placement, you are required to take out additional travel insurance for any additional travel or activities you wish to participate in while you are in-country after your placement. Do you agree to this?** | **Yes** | **No** |
| **You are responsible for bringing all necessary medication or medical equipment (e.g. mosquito netting, mosquito repellant and malaria tablets) with you. Details of the recommended medical supplies that you should bring on your assignment will be given to you at pre-departure training or from a travel healthcare specialist.** | | |