

## Application for a jobseeker to engage in voluntary work

Pa	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 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? FromTo			
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 \( \scale \) No \( \scale \)			

16.	Please give a description of the voluntary work involved:		
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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 employn	nent? Yes 🗌	No 🗌
I ap	oply for approval to allow the jobseeker named overleaf to do the voluntary wo	rk specified a	t 16 above
Sign	ned:Position in Organisation		
Dat	e:		
Dui	c		
	Data Protection Statement		
requ may	Department of Social Protection administers Ireland's social protection systematic to provide personal data to determine eligibility for relevant payments/ber be exchanged with other Government Departments/Agencies where provided cy is available at <a href="https://www.gov.ie/dsp/privacystatement">www.gov.ie/dsp/privacystatement</a> or in hard copy.	nefits. Person	al data
	For Official Use Only		
Ap	oplication approved Yes/No		
If'	No' state grounds for refusal		
Sig	gnature Date:		
	Deciding Officer		