

Blood Bike Mid-West Volunteer Application

PLEASE PRINT CLEARLY

Applicant Information

Name:	Occupation:
Date of Birth:	Mobile No. :
Current Address:	
Town:	County:
Email Address:	
Emergency Contact Name:	Emergency Contact No. :

Car / Motorcycle Details & Required Information for Insurance

Current Vehicle:	How long have you held a Full Driving Licence:
Car or Bike Theft / Accident-Claims (past 3 yrs) Details & Dates	

Date	Details
1	
2	

Details of motoring offences below (including penalty points & pending convictions)

Date of Offence	Offence	Fine	Ban Length / Points
1			
2			

Advanced Qualification Details: RoSPA Gold: RoSPA Silver: Other:

Other Training:

Volunteering area of interest:

Office Use Only

Bike Rider: <input type="checkbox"/>	Garda Vetting: <input type="checkbox"/>	RoSPA Cert: <input type="checkbox"/>	Fee: <input type="checkbox"/>	ID Photo: <input type="checkbox"/>
Van/Car Driver: <input type="checkbox"/>	Signed Policy : <input type="checkbox"/>	FAM Training : <input type="checkbox"/>	Receipt : <input type="checkbox"/>	ID Badge No: <input type="text"/>
Licence: <input type="checkbox"/>	HSE Training: <input type="checkbox"/>	BMW Training: <input type="checkbox"/>	Key: <input type="checkbox"/>	Polo Size: <input type="text"/>

This volunteer agreement is binding in honor only, and is not intended to be a legally binding contract between the volunteer and the organization. Neither party intends any employment relationship to be created now or at any time in the future. This agreement may be canceled at any time at the discretion of either party. I declare that to the best of my and belief that the information provided in this application form is true in every respect, that I have not withheld any information material to this proposal. Failure to disclose material facts could result in this application been canceled. Blood Bike Mid West reserve the right to decline any proposal.

Signature of Volunteer:

Date:



Please send your completed form together with:

1. Photocopy of your Driving Licence (Front and Back)
2. Advanced Riding Qualification (if applicable)
3. Passport Photo

Photos of your driving licence, Advanced Riding Qualification and Passport Picture can also be emailed to bloodbikemidwest@gmail.com

To: Blood Bike Mid-West,
Unit 3, Crossagalla Industrial Estate, Ballysimon Road, Limerick.

Any queries on this application form please contact 085-8517500