

An Roinn Gnóthaí Sóisialacha agus Teaghlaigh
Department of Social and Family Affairs



Social Welfare Local Office

To be completed by Applicant Body sponsoring the voluntary work

1. Name of Applicant Body
sponsoring voluntary work: _____
Address: _____

2. Please give the source of financial funding of the Voluntary Group/Body

3. Are there any paid employees with the Group/Body? YES NO

If "YES", will the unemployed person be doing the
same type of work for which s/he will not be getting paid? YES NO

4. Is the unemployed person replacing a paid employee? YES NO

5. Please give a description of the work involved:

(i) Title of the project: _____

(ii) Type of work being carried out:

(iii) Period of time over which the work is being carried out: FROM: ___/___/___ TO: ___/___/___

