# AMAL INTERNSHIP APPLICATION FORM

**PERSONAL DETAILS**

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| --- |
| FIRST NAME: SURNAME: |
| DATE OF BIRTH: GENDER: ⬜ Male ⬜ Female |
| ADDRESS: |
| MOBILE NUMBER: EMAIL: |
| ARE YOU A MUSLIM? ⬜YES ⬜ NO |

**EDUCATION AND VOLUNTEERING EXPERIENCE**

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| If you are applying for a specific internship vacancy, please state which role:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please tell us about any educational background, work or volunteering experience that would be relevant to the internship role you are applying for. |
| What is your experience in providing direct support to Muslim community or other marginalised groups in Ireland? |
| In your opinion, what are the key issues affecting Muslim women in Ireland today? |
| What do you feel are important qualities and values to uphold in this role? How does that relate to you?  Please add any further information you wish us to know. |

**AVAILABILITY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| When are you available to volunteer? (Specify days, times)  Given that the position is for 6 month, 12 hour per week. | | | | | | | | |
| **DAY** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** | ⬜ I’m flexible |
| **Hours**  (i.e. 1-3pm) |  |  |  |  |  |  |  |
| **Anything you wish to add about your availability?** | |  | | | | | | |

**SKILLS & INTERESTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| LANGUAGE SKILLS | English | Arabic | French | Other (specify) | | |
|  |  |  |
| Level (specify)  Native/Advanced/Intermediate/Poor |  |  |  |  |  |  |
| **Do you have experience in:**  ⬜  Translations (written form)            ⬜  Interpreting (oral form) | | | | | | |
| **Do you have a valid driver’s licence? :**  ⬜  Yes            ⬜  No | | | | | | |

**REFERENCES:** Please supply us with the names of two referees (non-relatives):

|  |  |
| --- | --- |
| **Name:**  **Address:**  **Email:**  **Telephone:**  **Relationship to You:** | **Name:**  **Address:**  **Email:**  **Telephone:**  **Relationship to You:** |

**Where did you hear about Amal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like to receive Amal updates** ⬜YES ⬜ NO

|  |  |
| --- | --- |
| ⬜ **I agree** | By providing the above information, in accordance with Data Protection Acts 1988, 2003 and 2018, you are giving us permission to hold and process your data for the purpose of your volunteering. You will only be contacted about programmes and activities of Amal Women’s Association, as well as relevant updates, resources and opportunities in relation to volunteering. We respect your privacy and we want to reassure you that your data will be held securely, only accessed by authorized personnel and Amal will never share it with third parties without your consent and will report any breach immediately should one happen. You can access your data or unsubscribe any time. |
| ⬜ **I agree** | As you may be working with vulnerable adults, young people and/or children Garda Vetting is a requirement for all volunteer roles within our organisation. You give us permission to undertake our selection process including Garda Vetting, if applicable, and reference check |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please contact [amal.hope@outlook.ie](mailto:amal.hope@outlook.ie) if you have any questions about this form, your data, Garda Vetting or background check.

**Please return the completed form to Amal via email to** [**volunteer@amalwomenirl.com**](mailto:amal.hope@outlook.ie) **or by person/by post:**

**Amal Women’s Association, 163 South Circular Road, Dublin 8**