



The Vision to Enable Sports

**Application Form: IBS Volunteers**

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PLEASE PRINT

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone numbers:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

1. Which Sport do you wish to be involved in?
2. Why would like to volunteer with Irish Blind Sports?
3. Where did you first hear about Irish Blind Sports?
4. Do you have access to transportation?
5. Please outline any previous experience that will help you with this position
6. What kind of time commitment can you give?
7. Please list 2 ideas on how you would increase participation in the sport you wish to be involved in
8. Do you have any health or medical concerns that would prevent you from performing this role?
9. Would you require any additional support in this role? (i.e. large print, other)

Please return completed form to [diane@ibsports.ie](mailto:diane@ibsports.ie) or to  
Irish Blind Sports 115 Lower George's Street, Dun Laoghaire, Co. Dublin