



# APPLICATION FORM

To be completed by applicant

## APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_  
Last name First Name Middle Initial

Home Address \_\_\_\_\_  
Street Town County

Second level school you currently attend \_\_\_\_\_  
Name Address

Male  Female  Date of Birth (day/month/year) \_\_\_ / \_\_\_ / \_\_\_ Circle the school year you are in for 2010/2011:  
Republic of Ireland 1 2 3 4 5 6  
Northern Ireland 8 9 10 11 12 13 14

Award Category Junior  Senior   
under 16 yrs under 19 yrs

Contact Phone No: \_\_\_\_\_ Contact Email address \_\_\_\_\_

Names of parents / guardians \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

**ACTIVITY SUMMARY** Briefly answer the following questions within the space provided (no additional sheets), then provide more detail in the sections on pages 3 & 4.

What was your volunteer community activity? \_\_\_\_\_

Approximately how many hours per week did you spend on the activity? \_\_\_\_\_ No. of weeks \_\_\_\_\_

When did you start working on the activity (month/year)? \_\_\_\_\_ Is this activity ongoing? \_\_\_\_\_

If not ongoing, when did it end (month/year)? \_\_\_\_\_

## MOTIVATION

Briefly explain what motivated you to carry out your voluntary community activity.

*continued overleaf*

**SERVICE**

Briefly describe what your voluntary community activity involved.

**IMPACT**

How did your activity impact on the community & other people?

**SUSTAINABILITY**

What do you envisage will be the lasting impact of your volunteering activity?

Have you a long-term commitment to volunteering (either with your current activity or other community volunteering)? Outline the details.

**COMMITMENT**

Describe in the space provided what your volunteer activity involved in terms of personal commitment (you may refer to the time involved or personal involvement, or both).

**PERSONAL CHALLENGE**

Describe the level of personal challenge that the volunteer activity required, including the degree of challenge that you faced, problems or obstacles that arose and, in particular, how you overcame these. What support structures (if any) were in place?

**APPLICANT AGREEMENT** (To be completed by applicant and parent / guardian)

We certify that all information contained in this application is true and factual. We also agree that if applicant is selected as a finalist in the Pramerica Spirit of Community Awards Programme, NAPD, GTCNI and Pramerica may use applicant’s name and likeness and any other information or materials provided by applicant in connection with this programme, including his/her CV, photograph(s) and videotape(s), for purposes of news, publicity and advertising in all media, including print, photographs, videotapes and electronic media, including but not limited to, internet websites and CD-Roms.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

## REFERENCES:

### TEACHER'S REFERENCE

Please provide a reference endorsement to the application. Please refer briefly to the applicant's degree of service, commitment, leadership skills and personal initiative as well as the impact and likely sustainability of his/her community volunteering and the degree of challenge that the applicant faced in carrying out the activity.

Signature: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

### SECOND REFERENCE (IF APPLICABLE)

Please supply contact information for a referee from your volunteering organisation/activity who can be contacted to provide an endorsement to the application.

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUIRED CERTIFICATION** This application must be certified below by the School Principal.

**Please print clearly in BLOCK CAPITALS.**

Certifier's Name \_\_\_ Mr. \_\_\_ Ms. \_\_\_ Dr. \_\_\_\_\_  
Last name First Name

Principals Signature \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email address \_\_\_\_\_

### ESSENTIAL INFORMATION

The following information is essential if your applicant is selected as a finalist.

The local newspaper(s) serving this area are:

The local radio station(s) serving this area are:

Who should we contact at your school for any Public Relation matters?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Principal: Send this application, no later than the 12th of November 2010 to: Pramerica Spirit of Community Awards, Pramerica Systems Ireland Limited, Letterkenny Office Park, Letterkenny, Co. Donegal, Ireland**

To confirm receipt, you may include a stamped addressed envelope or postcard with this application. **WE CANNOT CONFIRM RECEIPT BY TELEPHONE.** If you have any questions, visit [www.pramerica.ie/spirit](http://www.pramerica.ie/spirit) or email [spirit@pramerica.ie](mailto:spirit@pramerica.ie).