



VOLUNTEERING FORM

PERSONAL DETAILS

1. Surname:	2. Forename:
3. Address (for correspondence):	
4. E-mail Address:	
Phone:	
5. Contact Person/Next of Kin (In case of Emergencies):	
Phone:	
6. Date of Birth:	Nationality:

7. What kind of volunteering would be of interest to you:

- Drivers
- Escorts
- Cleaning and/ or Food Preparation in Communities
- Supporting STCW's who are in self- isolation (food provision & telephone support)
- Community Action
- Fundraisers
- Recreation services
- Day services
- Social Programmes/Education Classes
- Fundraising Activities
- Care and support to residents (must have experience in this area)
- Friendship Schemes e.g. Best Buddies
- Social and Community Outings
- Campaigners

What day(s) are you available to work?

Monday

Tuesday

Thursday

Wednesday

Friday

Saturday

Sunday

Have you any relevant skills and/or qualifications that you feel may be relevant to the volunteer role you are applying for?

--

Garda Vetting is a requirement for all volunteers within our communities.

I confirm that I will be Garda Vetted

Reference checks are a standard process for the recruitment of volunteers. Please provide the names of three referees (non-family members) who may be contacted.

1. Referee name, address and contact number
2.
3.

Have you any special need that we should be aware of?

11. Have you any experience in working with people with learning disability:

--

12. Further information that you think is relevant:

I, the undersigned, hereby declare that all the particulars furnished in this application form are true.

Signed:

Dated:

--