



## ***VOLUNTEER APPLICATION FORM***

### **Contact Details of Applicant:**

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

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

Phone No: Home \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work (if you can be contacted there) \_\_\_\_\_

### **Education and Employment Details:**

Relevant Education Background: (general information re. qualifications gained):

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Current Occupation: \_\_\_\_\_

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Skills, Interests/Hobbies: \_\_\_\_\_

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### **Volunteering:**

Have you had any previous experience in volunteer work: YES NO

If **Yes**, please outline: \_\_\_\_\_

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Why do you want to volunteer? (what do you want to gain from your volunteering experience?)

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What experience have you had that may prepare you to work as a volunteer in the area of learning disability?

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**Availability:**

What is your time availability for volunteer work - please outline below?

How many hours per week/month are you available: \_\_\_\_\_

	<i>MON</i>	<i>TUES</i>	<i>WED</i>	<i>THURS</i>	<i>FRI</i>	<i>SAT</i>	<i>SUN</i>
Morning							
Afternoon							
Evening							

Outline the length of time you can commit to Volunteering (tick most relevant):

- Specific Project Work
- Greater than six months

**Reference:**

Please provide contact details (names and numbers) of three people we may contact for referees - written references should be supplied by you from those listed below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you suffer from, or have you in the past, suffered from any medical condition, please outline:

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Please outline if you have any special requirement that we should be aware of:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Forms to: Ms. Noreen McGarry, Volunteer Co-ordinator, Western Care Association, John Moore Road, Castlebar, Co. Mayo or to the Manager in your local area. Tel: 094 9025133 Fax: 094 9025207 e-mail; [nmcgarry@westerncare.com](mailto:nmcgarry@westerncare.com)**