



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):

Current Occupation: _____

Skills, Interests/Hobbies: _____

Volunteering:

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

If **Yes**, please outline: _____

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

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

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 MUST 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:

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

Signed: _____ **Date:** _____

Return Completed Forms to:
Ms Noreen McGarry
Community Inclusion Coordinator
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