



Volunteer Application Form

Name: _____ D.O.B. _____

Address: _____

Phone: (h) _____ (w) _____

Mobile: _____ Email: _____

The minimum age to volunteer is 18 years old. Are you over 18 years? Yes

Occupation: _____

Qualifications (if any): _____

Do you speak any other languages beside English? _____

Do you have any health issue we need to be aware of: _____

How would you like to volunteer with the Hospice?

What particularly interests you in being a volunteer with the Hospice?

Have you had any previous volunteering experience?

How did you hear about the Hospice Volunteering Programme?

Have you any particular hobbies or skills that you hope to use in your volunteering?

Have you had any experienced, personal or otherwise with a terminal illness/death of? Have you experienced a recent loss? If yes, please give details:

What day(s) of the week/no of hours would you be available to come?

Becoming a volunteer with the Hospice requires mandatory Garda Clearance. Do you agree to this being undertaken: Yes No

As part of our recruitment activities we would ask you to please give the names of two people who would know you well and who would be available to act as referees for your application (eg. employer, doctor, clergy, tutor, support worker, previous volunteering)

1. Name: _____ 2.Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Please note your referees will be contacted before we meet.

Any other comment you would like to add:

Thank you for applying as a volunteer with North West Hospice.

Your details will be held securely and confidential. I declare that the information I have given is true and accurate.

Name: _____ Date: _____

Please return completed form to:

Paula Cooney, Volunteer Coordinator, North West Hospice Wine Street Car Park Sligo

Office use only

Received by: _____ Date: _____