



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? <input type="checkbox"/> 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: _____

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

Have you had any previous volunteering experience?

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

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:

Mary Forte, Re: Charity Shop
North West Hospice, Wine St Car Park , Sligo

Office use only

Received by: _____ Date: _____