



# Volunteer Application Form

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

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

Phone: (h) \_\_\_\_\_ (m) \_\_\_\_\_

Email: \_\_\_\_\_

Are you over 18 years?     Yes                       No

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

Have you had any previous volunteering experience?

How did you hear about the Hospice Volunteering Programme?

Have you had any bereavement experience, personal or otherwise? If so, please give details including if you have had previous contact with North West Hospice services.

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

Monday     Tues.     Wed.     Thurs.     Friday     Sat.     Sun.

Number of Hours: \_\_\_\_\_

