

Volunteer Application Form.



It is a policy of Clarecare that people who volunteer with us have not been a Clarecare service user for two years before taking up a volunteer position with the agency.

Name: _____

Address: _____

Tel: _____ Age Group: 16-18 _____ Nationality: _____
18-30
30-55
55+

Gender: _____

1. What attracted you to our organisation? _____

What aspect of our work most motivates you to work here?

Public awareness/educational work Home visits/friendship Transport Other
Meals Service Organising Events Fundraising Group work
Secretarial/Receptionist Legal work Children's Events Thrift Shop
Work with Elderly

2. What skills do you feel you have to contribute? _____

Computing Skills: _____ Language Skills: _____
Other _____

3. What are your relevant qualifications?

4. What experience do you feel you have to contribute?

5. What would you like to get out of volunteering here?

6. What would make you feel like you have been successful?

7. What have you enjoyed most about your previous volunteer work (if any)?

Please indicate your availability: Days per week.....
Hours that suit you.....

How long would you intend to volunteer for.....
Date that you can begin work.....

Name, Address, Tel No, E-mail of 2 referees (preferably one personal referee and one work referee)

1..... 2.....
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It is the policy of Clarecare to contact the two referees named above and to ask all potential volunteers to complete a Garda Clearance form.

Are you in agreement with this?.....

Signed..... Date.....

Please return the completed application form and a C.V. if you have one. We will also require a passport photo which you can send with your application or bring to the first meeting. Thank you.