

VOLUNTEER APPLICATION FORM

Wicklow Hospice Foundation

(All information will be treated in confidence)

SURNAME: FORENAME: MR/MRS/MISS/MS

ADDRESS:

TELEPHONE HOME: BUSINESS:

MOBILE: E-MAIL:

The minimum age to volunteer here is 18 Years Old. Are you over 18 Years? Yes

CAR OWNER DRIVER MAKE/MODEL: REG. NO.:

Do you have any medical condition/illness that might affect your work as a volunteer? If yes, please give details:

Are you engaged in other voluntary work? Please give details:.....

Have you done voluntary work in the past? Please give details:.....

How did you hear about the Hospice Volunteers?

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

.....

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I declare that the information I have given is, to the best of my knowledge, true and accurate.

Signed: Date:

Please return completed forms to: Sinead Tarmey, 2B Abbey Lane, Arklow Co Wicklow