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?

_____

_____

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 recently suffered a bereavement? Yes ☐ No ☐
(*Please allow at least **12 months** after a bereavement before applying to volunteer at North West Hospice & Care Services*)

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:_____

What would be your preferred way of communication?
☐ Text Message ☐ Email ☐ Phone ☐ Other _____

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

As part of our recruitment process, 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 (e.g. employer, doctor, clergy, tutor, support worker, previous volunteering)

Name		Name	
Address		Address	
Phone		Phone	
Email		Email	

(Please note your returned references complete your application)

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:
Cathy Quinlan, Volunteer Coordinator,
North West Hospice, The Mall, Sligo
Or email to Volunteer.NWH@hse.ie

Office use only

Received by: _____ Date: _____