

Galway Contact

Volunteer Application Form

Name: _____ Date: _____

Address: _____

Mobile: _____ Date of Birth: _____

Email: _____

Occupation: _____

Relevant Skills/Interests: _____

Would you visit an: Older Lady _____ Older Man _____

What periods of the day/week are you available to visit:

Morning _____ Afternoon _____ Evening _____

Weekday _____ Weekend _____

Do you have use of a car: _____

Would you visit in: a Nursing Home _____ Own Home _____

Would you be interested in any other volunteer roles, please tick:

- helping at our Friday Morning Club _____
- helping with our fundraising events _____
- as a backup bus driver for our social events (B licence suffices) _____
- joining our Management Committee for a term _____
- providing IT support/sharing IT skills _____
- providing transport to annual social event(s) in your car _____

Name of Referee: _____ Tel.: _____

Under present regulations it will be necessary for us to obtain Garda Clearance for all our Volunteers visiting an older person. 2 forms of Photo ID and a recent Proof of Address will be needed to verify your identity.

I consent for my personal information to be stored appropriately Yes/No _____

I consent to being contacted for information purposes Yes/No _____

Signed: _____