

BROTHERS OF CHARITY SERVICES, GALWAY
APPLICATION FORM FOR VOLUNTEERS

Name: _____

Address: _____

Phone: _____ Email: _____

Any previous volunteer experience? _____

What skills, interests or hobbies do you have which you feel would be useful to you as a volunteer?

Please indicate your availability:

	SUN	MON	TUES	WEDS	THURS	FRI	SAT
Mornings							
Afternoons							
Evenings							

How did you hear about the volunteer programme? (Please tick)

Papers NUI Fair Presentation Posters Word of Mouth

Galway Volunteer Centre

Signature of Applicant: _____

Date: _____

Please give names of two referees. One referee should, if possible be your current or recent employer.

Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Occupation: _____

Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Occupation: _____

I hereby authorise the Brothers of Charity Services, Galway to contact the above named with regards to a reference on my character.

SIGNED: _____

DATE: _____