

Coole Road, Multyfarnham, Co. Westmeath.

Tel: 044 9371971 FAX 044 93 71900 email: info@larcc.ie
Web Site: www.larcc.ie

VOLUNTEER APPLICATION FORM

NAME:				
ADDRESS				
TELEPHONE			Work	
DATE OF BIF	RTH		-	
MARITAL ST	'ATUS		(Optional)	
	ΓΥ N			
		NING THAT WOULd	LD BE RELEVANT TO YOUR WOR	₹K
WHAT ARE Y WORK?	OUR REASONS	S FOR WANTING	TO GET INVOLVED IN VOLUNTA	RY

HOW M	IANY HOURS CAN YOU GIVE PER WEEK?
WHAT 7	TIME OF THE DAY WOULD SUIT YOU BEST? Morning afternoon afternoon
HOW D	ID YOU HEAR ABOUT LARCC?
WHY D	O YOU WANT TO JOIN LARCC?
DO YOU Yes	U HAVE ANY EXPERIENCE OF WORKING IN A VOLUNTARY ORGANISATION No.
GIVE D	ETAILS
IF YOU	OR A CLOSE RELATIVE HAVE HAD CANCER PLEASE GIVE DETAILS
	U HAVE ANY SPECIAL NEEDS THAT YOU FEEL WE SHOULD KNOW?
OPTION	NAL - What other interests/hobbies/pastimes to you have?
	QUIRE GARDA CLEARANCE FOR ALL OUR VOLUNTEERS. HAVE YOU ANY FION?
	Signed:

On completion and	return of this form I	Bernie will be in con	itact to arrange a meet	ing to discuss
Volunteering Oppo	rtunities.			

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Please give details of two references (not relatives) who may be contacted:

1.	Name:
	Address
2.	Nama
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	Address:

Please return completed form to:

Ms. Bernie McHugh, Marketing Manager, LARCC Cancer Centre, Coole Road, Multyfarnham, Co. Westmeath.

Or Email to: bernie.mchugh@cancersupport.ie