LARCC Cancer Support Centre
Coole Rd., Multyfarnham, Mullingar, Co. Westmeath.

Tel: 044 93 71971 Fax: 044 93 71900
email: info@larcc.ie
Web Site: www.larcc.ie

# VOLUNTEER APPLICATION FORM

**NAME:** _____

**ADDRESS** _____

_____

**TELEPHONE NUMBER:** **Home**_____ **Mobile**_____

**Email address**_____

**DATE OF BIRTH** _____

**MARITAL STATUS** _____(Optional)

**NATIONALITY**_____

**OCCUPATION**_____

**HAVE YOU HAD ANY TRAINING THAT WOULD BE RELEVANT TO YOUR WORK AS A VOLUNTEER?** e.g.: Nursing, Admin, Catering, Fundraising

_____
_____
_____

**WHAT ARE YOUR REASONS FOR WANTING TO GET INVOLVED IN VOLUNTARY WORK?**

_____
_____
_____

**WHAT SORT OF WORK DO YOU ANTICIPATE DOING AS A VOLUNTEER?**

_____
_____
_____

**HOW MANY HOURS CAN YOU GIVE PER WEEK?** _____

**WHAT TIME OF THE DAY WOULD SUIT YOU BEST?** **morning** ☐ **afternoon** ☐

**HOW DID YOU HEAR ABOUT LARCC?** _____

**WHY DO YOU WANT TO JOIN LARCC?** _____
_____
_____
_____

**DO YOU HAVE ANY EXPERIENCE OF WORKING IN A VOLUNTARY ORGANISATION**

**Yes** ☐ **No** ☐

**GIVE DETAILS**_____
_____
_____

**IF YOU OR A CLOSE RELATIVE HAVE HAD CANCER PLEASE GIVE DETAILS**_____
_____
_____
_____

**DO YOU HAVE ANY SPECIAL NEEDS THAT YOU FEEL WE SHOULD KNOW ABOUT?**_____
_____
_____
_____

**OPTIONAL - What other interests/hobbies/pastimes to you have?**_____
_____
_____
_____

**WE REQUIRE GARDA CLEARANCE FOR ALL OUR VOLUNTEERS. HAVE YOU ANY OBJECTION?**_____

**Signed:**_____

***On completion and return of this form our Volunteer Co-ordinator will be in contact to arrange a meeting to discuss Volunteering Opportunities.***

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

1. Name:_____

   Address_____

   _____

2. Name:_____

   Address: _____

   _____

Please return completed form to:

**Volunteer Co-ordinator,**
**LARCC Cancer Support Centre,**
**Coole Road,**
**Multyfarnham,**
**Mullingar,**
**Co. Westmeath**

**Or Email to: info@larcc.ie**