The L.A.R.C.C. Cancer Centre
Ballinalack, 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**_____ **Work**_____

Mobile Number_____

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 Bernie 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:

Ms. Bernie McHugh,
Marketing Manager,
LARCC Cancer Centre,
Ballinalack,
Co. Westmeath

Or Email to: bernie.mchugh@larcc.ie