

Volunteer Application Form

PLEASE FILL IN THIS FORM IN CAPITAL LETTERS AND SEND IT TO THE ADDRESS SHOWN OVERLEAF.

Name: _____

Address: _____

Telephone No: Day _____ Evening: _____ Email (if any): _____

Age Group: 16-24 ☐ : 25-40 ☐ : 41-55 ☐ : 56-70 ☐ : 71+ ☐
(for administrative purposes only)

Contact person in emergency: Name: _____ Tel. _____

Have you previously been involved with Leisure Buddies? _____

Are you currently or have you ever worked or volunteered with another Charity?
If so please specify:

Work Experience (paid or unpaid)

Please tell us about yourself, your interests, skills and hobbies

Do you have any medical condition that we need to be aware of or special needs that need to be catered for?

Reasons why you would like to volunteer with Leisure Buddies:

What times are you available each week? Please tick boxes below if applicable

<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
<i>am pm</i>	<i>am pm</i>	<i>am pm</i>	<i>am pm</i>	<i>am pm</i>	<i>am pm</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am available from the *Date* *to the* *Date if applicable*

***REFERENCES:** *Please give the name, address and telephone number of two people who could act as your referees: (other than a member of your family). Please tell us in what capacity you know your referees. Ideally, at least one referee should be related to employment/academic performance or someone other than a family friend.*

<i>Name:</i>	<input type="text"/>	<i>Name:</i>	<input type="text"/>
<i>Address:</i>	<input type="text"/>	<i>Address:</i>	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Tel.: *Tel:*

Any other comments you might like to add?

Signature *Date*

**Please tell us if you require prior notice before we contact your referees!*

Please return to:

Deborah Gill

Leisure Buddy Co Coordinator,

12 Crandara House,

Dublin Road,

Longford

Tel. 043-36870 / 0864074988

Email: Info@LeisuerBuddies.ie