VOLUNTEER APPLICATION FORM

1. PERSONAL PARTICULARS	DATE
Name	Surname
Preferred name	Title (Ms / Mrs. / Mr.)
Date of Birth	D Number
Marital Status	No. of Children
County of Origin	Agency
Physical Address	
Postal Address	
	ber where we can leave a message for you:
Contact No (H)	(W)
(C)	(E-Mail)
2. PERSON TO CONTACT IN CA	ASE OF EMERGENCY
Name	Relationship
Address	
Contact No (H)	(W)
(C)	(E-Mail)
3. EDUCATION (brief outline)	

4. EMPLOYMENT BACKGROUND Are you employed/ unemployed/ looking for employment/ retired/ student?
Current/ previous employment
Name and address of current/previous employer/ place of education
5. Have you any volunteering experience? Please give details
6. What is your main Language? What other Languages are you proficient in?
What are your interests in terms of voluntary work at St Anne's? a)
b)
c)
Your available times:
a) Weekly
b) Daily
c) For 6 months
d) Starting when?
e) Finishing date?
How will you get to St. Anne's?

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7. How did you flear about St Affile S?
8. Why do you want to volunteer for our organization?
9. Do you have any disabilities or health problems that you feel we should be aware of? Please give details
10. Would you be interested in staying at our cottage for short term lease? (International volunteers only)
11. Do you hold a current driving license?
12. Are there any tasks / activities you would like to avoid for health reasons when volunteering?
These are specific volunteer needs of the shelter. If you wish to be considered for any additional tasks, or anyone of these specific tasks, please tick off the ones you are interested in.
Reception (Mon. – Friday 09:00 ~ 5:00)
Assisting with babies (long term)
Driving (Preferably own car – for daily errands (eg. fetching donations)
Assisting with organizing donation rooms
Volunteering over weekends (eg. looking after the children for a few hours, on eg. Mother's Day/ outings for mothers.)
Volunteering after hours/ at night (eg. during workshops)
Holiday Programmes (eg. assisting at outings, playing with children)
After care (school-aged children)

10. REFERENCES

Due to the nature of the work you will be doing, we apply for references for all our volunteers. Please give the names, addresses & telephone no's of two referees.

1. Name	2.Name	
Address	Address	
Tel. no	Tel. no	
Position/occupation	Position/occupation	
The information given above is, to the best of my knowledge, accurate. I am prepared to allow the above referees to be contacted in respect of the voluntary task I am interested in.		
Do you have a driving license?		
Do you have a criminal record?		
11. INDEMNITY		
St Anne's Homes cannot be be held re to me while I am on duty, whether I am	sponsible for any injuries/ accidents occurring on or off the premises.	
If any accident should happen to me	, this should be the procedure to follow.	
(Please provide names & telephone nu	mbers)	
12. CONFIDENTIALITY CLAUSE		
I do accept the responsibility of keeping highest confidence.	g all aspects of the work of St Anne's in	
Volunteer Signature	Full Name	
Date		
OFFICE USE		
Task Allocated		
Times on Duty		

Preferably one employer and NOT family members.

Duration of work agreement
Specific placement requirement
Designated projectSupervisor
Signed by(Volunteer Coordinator)