



Sligo Social Service Council CLG
Charles Street, Sligo.

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Volunteer Application Form

Contact Details

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Current Occupation: _____

Skills/Interests: _____

Volunteering

Have you had any previous experience in volunteer work?

Why do you want to volunteer? (What do you want to gain from your volunteering experience?)

Which Areas are you interested in Volunteering:

Meals on Wheels Kitchen

Delivering Meals

Thrift Shop

Befriending

Fundraising

Open Access

What experiences have you had that may prepare you to work as a volunteer in the areas you have chosen?

Please tick all geographical areas in which you are available to volunteer:

Sligo Town

Sligo County

What is your time availability for volunteer work?

Please indicate any days of the week in which you are not available to volunteer:

How did you hear about us?

References

Please provide contact details of two people we may contact for references:

Name	Address	Telephone Number
1.		
2.		

Signature: _____

Date: _____

Please note: Before a person may volunteer for Sligo Social Services the following process must be followed: 2 satisfactory references, Garda Vetting and Police vetting if resided outside of Ireland. If your volunteering includes contact with clients, then you are required to complete Children First Training. All volunteers must participate in the induction process.