

Volunteer Application Form

Galway Simon Community encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application.

The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organisation.

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| --- | --- |
| Full Name: | |
| Address: | |
| Telephone: | Email: |
| Gender: Male Female  y  y    y  y  y  y  y  Age Group: Under 18 18-25 26-40 41-55 Over 55 | |
| Please select the area you wish to volunteer in:  y  y  y  y  Events / Fundraising Residential Befriending Charity Shop Skills Share | |
| Please tell us why you want to volunteer with Galway Simon Community? | |
| Please tell us what you hope to gain from your experience with us? | |

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| Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteering role you’re applying for? | |
| If you have volunteered before, please give details of where you have volunteered, for how long and describe the volunteer role. | |
| What hobbies, skills, special interests or qualities do you have that are relevant to the volunteer role you’re applying for? | |
| When are you available to volunteer? (Please specify days, times and length of commitment you would like to make) | |
| References: Please supply us with the names of two referees (non-relatives) | |
| Name: | Name: |
| Address: | Address: |
| Relationship to you: | Relationship to you: |
| Telephone:  Email: | Telephone:  Email: |
| Do you have any special needs you’d like to share with us? | |
| Any other comments: | |

Please return to: Galway Simon Community, Unit 18, Tuam Road Retail Centre, Galway

**\*\*Note: Garda Vetting is a requirement for some volunteer roles within our organisation**