

Lorica St Patrick's

where people are wanted, cared for & loved

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

Surname:	Firstname/s:	Title:Mr/Mrs/Miss/Ms
Address:		
Postcode:		
Email:		
Home Telephone number	Mobile	
Date of Birth:	Emergency Contact Name and Tel. no	

SKILLS AND INTERESTS

Occupation:
Skills:
Hobbies and Interests:
Previous Volunteer Experience:

AVAILABILITY

What days/times are you interested in volunteering?

Monday Time: from _____ to _____

Tuesday Time: from _____ to _____

Wednesday Time: from _____ to _____

Thursday Time: from _____ to _____

Friday Time: from _____ to _____

Saturday Time: from _____ to _____

Sunday Time: from _____ to _____

If there is a particular role you would be interested in doing as a volunteer please give details here:

REFERENCES

Please give the name and address of two personal referees

Name:	Name:
Address:	Address:
Post code:	Post code:
Telephone:	Telephone:
Relationship:	Relationship:

DECLARATION

Are you related to, or do you have a close relationship with any staff or trustee of Lorica St Patrick's?

YES/NO

If yes please give brief details:

Have you ever been a resident of any of Lorica St Patrick's accommodation services? **YES/NO**

If yes please give brief details including dates:

Signed Dated