



Milford Care Centre

(under the auspices of Little Company of Mary)

Hospice Shop Volunteer Application Form

(All information is treated in confidence. If you are uncomfortable with any question, please omit and it can be discussed at a later date).

Name:

Address:

Telephone: Home _____

Business _____

Mobile _____

E-mail _____

Next of Kin: _____

Contact Telephone: _____

Occupation:

Brief Work History:

Hobbies/Interests _____

Why would you like to volunteer for Milford Hospice Shop?

What do you hope to gain from volunteering here?

Please Turn Over ➡

What attributes/qualities do you feel you will bring to Milford Hospice Shop?

Are you or have you ever been engaged in other voluntary work? If yes, please give details:

Do you have any medical condition/illness that might affect your work as a volunteer?
If yes, please give details.

Have you experienced a significant loss in the last 2 years?

Time Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
No. of Hours						

Please indicate the area of work that may be of interest to you
Feel free to tick as many boxes as appropriate to you.

- Shop Display
- Sorting
- Mending
- Recycling
- Customer Sales
- Assisting with Fundraising Events outside shop hours

Please Turn Over ➡

Referees

We have to be very diligent in all our recruitment activities, be they for paid staff or volunteers of Milford Care Centre and Milford Hospice Shop. We would therefore ask you to provide us with names of **three** referees who know you well whom we can contact in advance of meeting with you (one of which should be a professional, i.e. present employer, clergyman, solicitor, doctor, garda)

PLEASE PRINT IN CAPITAL LETTERS

Name
Address
Telephone No.
E-mail address
Occupation

Name
Address
Telephone No.
E-mail address
Occupation

Name
Address
Telephone No.
E-mail address
Occupation

Please note your referees will be contacted before we meet with you.

Please Turn Over



Any other comments you would like to add:

Declaration

I declare that the information I have given is, to the best of my knowledge, true and accurate. I agree to respect the policy of fidelity and confidentiality which operates in Milford Care Centre.

Signed: _____

Date: _____

Please return completed form (all 4 pages) and Garda Vetting Form to:

*Eileen Murphy
Volunteer Coordinator
Milford Care Centre
Castletroy
Limerick*