



# Milford Care Centre

(under the auspices of Little Company of Mary)

## Volunteer Application Form

**This form cannot be emailed as it must have your signature on it. Please complete, print, sign and post it to the Volunteer Coordinator.**

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

Name:

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Address:

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Telephone: Home \_\_\_\_\_

Business \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Qualifications (if any)

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Next of Kin: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Why would you like to volunteer for Milford Care Centre?

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What do you hope to gain from volunteering here?

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**Please Turn Over** ➡

Have you had any experience, personal or otherwise, with a terminal illness? Have you had any experience of persons who have been bereaved? Have you suffered a recent loss? If yes to any of these questions, please let us know what your experience has been and how long ago?

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What talents or personal skills do you think you might be able to offer within the Care Centre?

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

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

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**Time Availability**

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

Any other comments you would like to add:

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**Please Turn Over** ➡

## Referees

You will be aware that as we work with vulnerable people in Milford Care Centre, we have to be very diligent in all our recruitment activities, be they for paid staff or volunteers. 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

<b>Name</b>
<b>Address</b>
<b>Telephone No.</b>
<b>E-mail address</b>
<b>Occupation</b>

<b>Name</b>
<b>Address</b>
<b>Telephone No.</b>
<b>E-mail address</b>
<b>Occupation</b>

<b>Name</b>
<b>Address</b>
<b>Telephone No.</b>
<b>E-mail address</b>
<b>Occupation</b>

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

**Please Turn Over** ➡

**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