

Volunteer Application Form

Surname:	First Name:				
Address:					
Telephone:	Mobile No:				
E-mail:					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Age Group:	Under 21 <input type="checkbox"/>	21-25 <input type="checkbox"/>	25-40 <input type="checkbox"/>	40-55 <input type="checkbox"/>	Over 55 <input type="checkbox"/>
Please tell us why you want to volunteer with our organisation?					
Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for.					
If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.					
What skills or interests or qualities do you have that may be relevant to the volunteer role you are applying for?					

When are you available to Volunteer? (Please specify days, times, and the length of commitment you would like to make.)

References: Please supply us with names of two referees(Non-Relatives)

Name:	Name:
Address:	Address:
E-MAIL:	E-MAIL:
Telephone:	Telephone:
Do you have any special needs you would like to share with us ?	
Any other Comments	

Please return to: The Manager North West MS Therapy Centre, Ballytivnan, Sligo