

Revision 00	VOLUNTEER APPLICATION FORM	 MS North West Therapy Centre Sligo		
Form No. HR-FRM-13		Review 28/02/17	Review 28/02/18	Review 28/02/19
Location: MS Therapy Centre		Review 28/02/20	Review 28/02/21	Review 28/02/22

Volunteer Application Form

Surname:	First Name:
Address:	
Telephone:	Mobile No:
E-mail:	

Please tick preferred volunteer role:

Care Assistant Fundraising Charity shop assistant Bus Driver

Administration Other, please state. _____

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.

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What skills or interests or qualities do you have that may be relevant to the volunteer role you are applying for?

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

Name:	Name:
Address:	Address:
E-MAIL:	E-MAIL:
Telephone:	Telephone:
Any other Comments	

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