



Volunteer Application Form

Surname:	First Name:
Address:	
Telephone:	Today's Date:
Email:	
Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>	
Age Group: Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-55 <input type="checkbox"/> Over 55 <input type="checkbox"/>	
Please select area you wish to volunteer in:	
Fundraising <input type="checkbox"/>	Board of Management <input type="checkbox"/>
Admin <input type="checkbox"/>	Other <input type="checkbox"/> _____
Please tell us why do you want to volunteer with our organisation?	
Please tell us what you hope to gain from your experience with us?	
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 where you have volunteered, for how long and describe your volunteer role.	

What hobbies, skills, special 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 the names of two referees (non-relatives)*

Name:

Name:

Address:

Address:

Email:

Email:

Telephone:

Telephone:

Do you have any special needs you would like to share with us?

Any other comments:

Please return to: Clare Williams, Manager, Wexford Rape Crisis, The Rocks, Maudlintown, Wexford

**Note: Garda Vetting is a requirement for all/some volunteer roles within our organisation.*