



IRISH COMMUNITY CARE MERSEYSIDE



Registered Charity No:1136760 Company No:07259164

Volunteer Application Form

Name:

Address:

Tel Number:

Email:

How much time can you offer per week? Please indicate the number of hours you can offer in the boxes below:

	Mon	Tue	Wed	Thurs	Fri
Morning					
Afternoon					

Please give brief details of any current or previous paid / voluntary work or experience:

What are your main interests and hobbies?

Why do you want to become a volunteer with Irish Community Care Merseyside?

Do you have a car that you would be prepared to use for voluntary work?

Yes **No**

Which area of work at ICCM are you interested in volunteering (please tick):

Supporting the Groups for Older People

Supporting the Drop-In Information, Advice and Support Service

Befriending Support through home and hospital visits

Supporting our Administration team

Representing ICCM at meetings and events

Other please specify

Referees

Please give details of two people who can provide a character reference:

Referee 1

Referee 2

Name

Name

Address

Address

Contact Number

Contact Number

Please note: All our Volunteers will be requested to complete a CRB Disclosure

Please return this form to:

Irish Community Care Merseyside, 151 Dale St Liverpool