



Solas Centre
Williamstown
Waterford

Phone: 051-304604

Supporting people with cancer and their families

Volunteer Application Form

Name:

Address:

.....

Telephone Home: Mobile:

Email

In Case of Emergency:

Occupation: Date of Birth:.....

Have you done voluntary work in the past? Please give details:

.....

.....

.....

What are your reasons for volunteering in the Solas Centre?

.....



Like most other organisations Solas requires a wide variety of people with different skills. What experiences/skills have you, which could be of benefit to Solas i.e?

Please tick and give brief details where appropriate:

Administration

Fundraising

Customer Care

E.C.D.L.

Landscaping/Gardening

Maintenance

Other

.

Time availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Number of hours per week _____ / two weeks _____ / three weeks _____ / month _____

Any other information you would like to add:

.....

.....



Referees

Please provide us with names of two referees who know you well and whom we can contact in advance of meeting with you (one of which should be in a professional capacity)

(1) Name:
Address:
Telephone No.:
Position Held:

(2) Name:
Address:
Telephone No.:
Position Held:

Please note your referees may be contacted before you start as a volunteer with us. This application is subject to a Garda vetting process.

You will be required to sign a volunteer agreement.

I declare that the information I have given is, to the best of my knowledge, true and accurate and that I understand that I will be subject to a Garda vetting check.

Signed: Date:

Completed forms and any additional information to be returned to:

Manager
The Solas Centre
Williamstown Roundabout
Waterford
info@solascentre.ie