



Sligo Social Service Council Ltd.  
Charles Street, Sligo.  
T 071 914 5682 F 071 914 5933  
E [info@sligosocialservices.ie](mailto:info@sligosocialservices.ie)  
W [www.sligosocialservices.ie](http://www.sligosocialservices.ie)

## Volunteer Application Form

### Contact Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Skills/Interests: \_\_\_\_\_

\_\_\_\_\_

### Volunteering

Have you had any previous experience in volunteer work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer? (What do you want to gain from your volunteering experience?)

---

---

Which Areas are you interested in Volunteering:

Meals on Wheels Kitchen

Homeless Hostel

Delivering Meals

Thrift Shop

Transport for the Elderly

Fundraising

Minute taking at multi-agency family support meetings

What experiences have you had that may prepare you to work as a volunteer in the areas you have chosen?

---

---

---

---

Please tick all geographical areas in which you are available to volunteer:

Sligo Town

Sligo County

South Leitrim

North Leitrim

What is your time availability for volunteer work?

---

Please indicate any days of the week in which you are not available to volunteer:

---

How did you hear about us?

---

References

Please provide contact details of two people we may contact for references:

Name	Address	Telephone Number
1.		
2.		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_