Croom
Family Resource Centre

Thank you for your interest in volunteering with Croom Family Resource Centre, a local community and voluntary organisation delivering weekly meals to older and vulnerable adults.

Volunteers play a vital role in our communities. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name:_____ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐

Postal Address: _____

County: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Birth-date: _____
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Equal Opportunities

Croom Family Resource Centre is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, colour, nationality, ethnicity, religion, sex, marital status, family status, sexual orientation, disability or age.

Croom Family Resource Centre is committed to standards of excellence in Safeguarding Vulnerable Adults. As a volunteer if you will have direct contact with vulnerable adults you will be required to complete a Garda Vetting Form. Garda vetting will be processed by Croom Family Resource Centre (via Early Childhood Ireland). Completion of the volunteer application and Garda vetting form does not signify acceptance as a volunteer.

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes ☐ No ☐
If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer with Meals on Wheels? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. When are you available for voluntary work?

☐ Totally Flexible

Tuesday	Thursday

5. How did you find out about volunteering with Meals on Wheels?
☐ Information / Outreach meeting
☐ Leaflet / Poster
☐ Word of Mouth
☐ Internet/Social Media
☐ Staff/Other Volunteer
☐ Other _____
☐ A Volunteer Centre
☐ Local newsletter
☐ Media Radio / Television / Newspaper

References

1.
Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2.
Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

If you have any queries when completing this application form, please phone: 061-602878

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of Meals on Wheels'.

Signed _____ Date _____

Please return this form to Lauryn in Croom FRC or email to info@croomfrc.com at your earliest convenience