

Supporting People with Disabilities

Carmichael Centre,
North Brunswick St., Dublin 7.
Tel: 01 872 5300
Volunteer co-ordinator Tel: 087 126 0975
Web: www.casa.ie

Volunteer Application Form

Thank you for applying to volunteer with C.A.S.A.
Because of the responsible nature of our work in sensitive and accountable areas, it is necessary for us to check carefully the background and references of all volunteers. The information we receive is strictly confidential.

Personal

Name: _____

Address: _____

Home Tel: _____ Mobile Tel: _____

Email Address: _____

Date of Birth: _____

Marital Status: _____

How did you hear about C.A.S.A.? _____

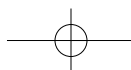
Is any member of C.A.S.A. known to you? _____

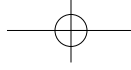
Do you hold a Clean Driving License _____ if so what classes? _____

Education and Employment

Educational Background

Current Occupation





Skills, Interests and Hobbies

Volunteering

Have you had any previous experience of working with a Voluntary Organisation? (Please state organisation and nature of your involvement)

Have you had any involvement with people with disabilities to date? If yes, in what capacity?

Have you completed any course or training which you feel may be of benefit as a volunteer with C.A.S.A.?

Why do you want to volunteer?

References

Please supply the names and addresses of two persons, not related to you, from whom references may be obtained. You should know these for at least 2 years.

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Sign: _____ Date: _____

When completed please return in pre-paid envelope provided

