

KILKENNY & CARLOW CONTACT

Private & Confidential

Volunteers Application Questionnaire

Name:.....

Address:.....

.....

E – Mail address:.....

Telephone Home No.Telephone Mobile No.

Your Age Group: Under 5050 – 60.....60 – 70.....over 70

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Gender: Male.....Female:.....

Preference of area you would like to visit: Town Area:.....Country Area:.....

Your Mode of Transport: Own Car:.....Bicycle:.....Walking.....Other:.....

Days of the week most suitable for you to visit:

Times of the Day most suitable for you to visit: Morning:.....Afternoon.....Evening.....

What do you hope could be achieved by this work?.....

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Hobbies or Interests

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Have you done voluntary work in the past?.....

With what organisation?.....

On your Own :.....Or with a Group.....

Please supply the Name & Address and telephone numbers of two people who can provide us with a reference:

Ref. Name 1Position.....

Address:.....Telephone No.....

.....Mobile No.

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Ref. Name 2Position.....

Address:.....Telephone No.....

.....Mobile No.

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Would you agree to the Committee of Kilkenny & Carlow Contact in getting Garda Clearance to be involved in this work?

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