

***Parish of Dunshaughlin and Culmullen***

PASTORAL CENTRE, MAIN STREET, DUNSHAUGHLIN, CO. MEATH, IRELAND

**VOLUNTEER APPLICATION FORM**

**CONFIDENTIAL**

**Surname:** \_\_\_\_\_ **First name:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Age Bracket:** 18 – 30  31 – 40  41 – 50  51 – 60  61+

**Email Address:** \_\_\_\_\_

Do you have a preference for which area that you would like or feel able to volunteer in?  
(Select as many areas as you like.)

Reception Duties  Catering Duties  Operations (general upkeep of centre)

**Please give details of skills:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What days/times would suit you best to volunteer?**

Day	09:30am – 1:00pm	1:00pm – 7:00pm	7:00pm – 10:00pm
Monday		Closed	
Tuesday		Closed	
Wednesday		Closed	
Thursday		Closed	
Friday		Closed	Youth Night
Saturday	Open (10 – 1pm)	Open (1:00 – 5:00)	Closed
Sunday	Open (9:00 – 1:00)	Closed	Closed

Have you previously been involved in volunteer work? Yes  No , **if yes, please give details**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Any other relevant information?**

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**Do you have any medical needs/conditions that we need to be made aware of, in the case of an emergency?**

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**Emergency Contact Numbers:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please provide the names and addresses of two people or a volunteer group for reference purposes (not relatives):

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Numbers

Telephone Numbers

Home or Mobile: \_\_\_\_\_ Home or Mobile: \_\_\_\_\_

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

***I declare that the above information is true, accurate and that I am fit to serve as a volunteer with this activity in your facility.***

***I agree to abide by and accept the terms and conditions of participation.***

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

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Please return this form to the **Pastoral Centre, Main Street, Dunshaughlin, Co. Meath**