



Volunteer Application Form

(All information will be kept confidential)

MR/ MRS/ MISS/ MS

SURNAME: _____ FORENAME: _____

ADDRESS: _____

MOBILE: _____ E-MAIL: _____

OCCUPATION: _____

Q1. Do you have any medical conditions that might affect your work as a volunteer? If yes please give details.

Q2. Have you done any volunteer in the past? YES/ NO
 If yes please give details.

Q3. Why have you chosen to seek a volunteering opportunity with Cobh (Great Island) Community Centre?

Q4. Are you interested in assisting with activities run by Cobh (Great Island) Community Centre?
 YES/ NO
 If so what type of activities would you like to be involved with?

Q5. What times are you available to volunteer in the centre? Please tick the appropriate box.

Time Available	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Cobh (Great Island) Community Centre, Orelia Tce., Cobh, Co.Cork. Tel: 021-4815904/021-4815905

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