

County Longford Social Service Council

Tel: No. 043.3350114/50138 / Fax: No. 043.3332110



Dublin Road,
Longford.

Email: longsocserv1@eircom.net

Web: mealsonwheelslongford.ie

Charity No: CHY 7291

Volunteer Application Form

Surname	Mr/Mrs/Miss (please circle)				
Forename(s)	Date of Birth				
Address					
Tel: (Home)		Tel: (Business)			
Occupation			Next of Kin		
Current/last employer					
Job Title		From/To			
Other work experience					
Hobbies/Interests					
How would you describe your general health?					
Availability AM	Mon	Tues	Wed	Thurs	Fri

Driving

If yes, are you a car owner? _____ Full Licence? Category _____ Expiry Date _____

Insurance: Class _____ NCT _____

How frequently would you be able to volunteer?

Once a week

Once a month

Other

When can you start _____

Why would you like to volunteer for Meals on Wheels?

Have you ever volunteered before for other voluntary agencies, if so could you give details.

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I will keep all recipients information confidential.

I declare that any information given on this form is true and complete to the best of my knowledge and beliefs.

Signed: _____

Date: _____

In case of emergency, please notify: _____

**Volunteers are a cheerful supportive group who freely give their time and help
Volunteers are expected to be reliable, punctual, and have a caring attitude to the
needs of others.**

MEALS ON WHEELS REFERENCE FORM

Please state the names and addresses of two people who we can approach for a
Reference _____

Name _____

Address _____

Occupation _____

Name _____

Address _____

Occupation _____

Signature of Applicant _____

Date _____

Thank you. This information will be kept confidential to us and will not be
disclosed to any person without your permission.

Please return this form to: Elaine Keogh, Meals on Wheels, Flat 6
St. Joseph's Care Centre, Dublin Road, Longford