



Application Form for Samaritans Volunteers

Branch: Cork Branch, 7 Coach Street, Cork.

(Ms/Miss/Mrs/Mr/Other) Surname: _____

First Name: _____

Date of Birth: _____

Address: _____

Telephone No.: _____

Email address: _____

How did you hear about volunteering opportunities with Samaritans?

- Newspaper advert
- Personal contact
- Other (please specify
- Local branch event
- College/University

Why have you decided to join Samaritans now? _____

Samaritans operates a 24 hour listening service. Volunteers will be asked to fulfil a commitment to regular shifts, which will include some anti-social hours. Bearing in mind your commitments and the needs of our callers, will this be possible for you?

- Yes
- No

Have you ever volunteered with Samaritans before? _____

If so, where and what dates? _____

Reasons for leaving? _____

Are there any access requirements or adjustments needed that would facilitate your volunteering with us? If **Yes**, please specify _____

Do you have any health issues/problems that we need to be aware of? If **Yes**, please specify _____

References

Please give the **full names, email and postal addresses** of two people you would like to act as referees to support your application. These should be people who know you well within the past 2 years and be able to make a sound assessment of your qualities. **Partners or Family Members may not provide references.**

1. Name: _____

Email Address: _____

Postal Address: _____

2. Name: _____

Email address: _____

Postal Address: _____

In case of an emergency (for example becoming ill during training) please give us the name and number of the person you would like us to contact.

Name: _____

Phone No.: _____

Relationship to you: _____

Date: _____

We thank you for your interest in our work

By filling in this form you agree to us holding this information for the purposes of your volunteering with Samaritans