



Solutions for families with  
neuro-physical disabilities

## Volunteer Application Form

|                  |  |
|------------------|--|
| Full Name        |  |
| Address          |  |
| Telephone Number |  |
| Email Address    |  |

Please tell us why you want to volunteer with the Crann Centre:

What experience have you had in volunteering before? If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

Please tell us about any educational background, work, special interests, skills or hobbies that you think may be relevant to being a Volunteer at the Crann Centre:

When are you available to volunteer? Please specify the times in the table below.

| Days      | Morning | Afternoon | Evening |
|-----------|---------|-----------|---------|
| Monday    |         |           |         |
| Tuesday   |         |           |         |
| Wednesday |         |           |         |
| Thursday  |         |           |         |
| Friday    |         |           |         |
| Saturday  |         |           |         |
| Sunday    |         |           |         |

Please supply us with the names of two referees (non-relatives). We will not contact them until you are being offered a volunteer position.

|                  |                  |
|------------------|------------------|
| Full Name        | Full Name        |
| Address          | Address          |
| Telephone Number | Telephone Number |
| Email Address    | Email Address    |

Do you have any special needs you would like to share with us?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:** Crann Centre, Classis, Ovens, Co Cork, P31 TX39, Ireland **or**  
**email** [ccahill@cranncentre.ie](mailto:ccahill@cranncentre.ie)

Phone: +353 (21) 428 9267

**Please Note:** Garda Vetting is a requirement for all/some volunteer roles within our organisation