

**Volunteer Form**

**Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Mobile No.** |  |
| **Email** |  |
| **Address** |  |
| **Next of Kin name** |  |
| **Next of Kin Phone No.** |  |

**Area of interest in Volunteering – Please Tick** (*Qualification required for parts marked \*)*

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| --- | --- | --- |
| **Fundraising** | **Catering** | **On Street Work** |
| **Administration** | **Legal Advice \*** | **Financial Advice \*** |
| **Stock/food sourcing** | **Medical \*** | **Transportation(van/car)** |
| **Sponsorship** | **Counselling \*** | **Other (please specify)** |

**Qualifications That may help Organization**

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**GARDA VETTING IS REQUIRED FOR ALL VOLUNTEERS**

**IMPORTANT**

*Homeless Help & Support Cork store your personal data to have a volunteer and next of kin contact list in case it is necessary to contact you. If you consent to us storing your personal data for this purpose please tick the check box below.*

**Please tick if you agree to Homeless Help & Support Cork’s storage of your personal data**

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