



W.H. Five Loaves Ltd
 5 Albert Walk
 Bray
 Co Wicklow
 Phone/Fax 01-2040960
 Mobile:0861796946
Chy no: 16056
Reg no: 6397133p

info@whfiveloaves.com

W.H. Five Loaves Ltd
Charity Shop
 Bray Recycling Centre
 Beechwood Close
 Boghall Road
 Bray
 Co.Wicklow

Ark Housing Association
 Crannagh
 Old Soldiers Road
 Bray
 Co.Wicklow
 Phone: 01-2040960
 Mobile: 0861796946
Chy no: 16770
Reg no: 6427394i

Mission Statement
We believe in the inherent dignity of every person, proactively addressing and meeting the needs of the homeless and disadvantaged, in a spirit of compassion and hospitality, with the hope of making a difference in their lives.

W.H. (WICKLOW HOMELESS) FIVE LOAVES VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

First Name: _____ Address: _____
 Surname: _____
 Gender: _____ Nationality: _____ Date of Birth: _____
 Tel: _____ Mobile: _____ Email: _____

Are you:
 In full time employment Student In part time employment
 Unemployed Retired Other

Please state your occupation if employed:

Emergency Contact
 Name of next of Kin: _____ Relationship to you: _____ Tel/Mobile: _____
 Address: _____

YOUR VOLUNTEERING INTERESTS

Have you ever done voluntary work before?
 If Yes please give details:

Why do you want to volunteer now?
 What kind of voluntary work would interest you?
 When are you available for your voluntary work?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of time available?
 Have you any particular skills or qualities you feel you could bring to your voluntary work?

OTHER INFORMATION THAT WILL HELP US

Have you any special needs that we should know about?
 What has motivated you to volunteer for W.H. Five Loaves?
 How did you hear about W.H. Five Loaves Charity?
 Have you any additional comments?

Referees
 These should be from individuals (not family) who know you for more than 2 years e.g. employer, school or college, a community representative etc.

Name: _____	Name: _____
Address: _____	Address: _____
Tel: _____	Tel: _____
Occupation: _____	Occupation: _____
Relationship to you: _____	Relationship to you: _____

DECLARATION

I declare that the information I have given is, to the best of my knowledge, true and accurate and may be checked as required.

Signed: _____ Date: _____