



29/30 Dame Street, Dublin 2.
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APPLICATION FORM FOR VOLUNTEERS

Name: Date of Birth:

Address:

Tel: Day: Evening:

Education and Other Courses:

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Work Experience:

.....

Current Employment Hours:

Interests, Skills, Hobbies:

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Are you interested in:

- 1) Training as a volunteer counsellor [] 2) The Education Programme []
3) Working in Life Accommodation Service [] 4) Fundraising []

Please indicate your availability:

- 1) During the day [] 2) Evenings []

Have you ever undergone counselling yourself?

Have you had a bereavement during the last 2 years?

Are you involved in any other voluntary organisation?

Yes [] No [] If 'yes' please give details

Name of Organisation:

Address:

Duties:

.....

Have you ever had experience in the following areas?

Counselling: Fundraising:

Educational Work: Other skills:

Had you ever heard of Life before?

Yes No

How did you hear about the training course?
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Names and Address of two referees (not relatives)

NAME	ADDRESS	CONTACT TEL
1.		
2.		

What are your thoughts about crisis pregnancies?
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What are your thoughts about teenage pregnancies?
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What are your thoughts about pregnancy as a result of rape or incest?
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Signature: Date: