



VOLUNTEER PERSONAL PROFILE FORM

This information will not be made available to organisations other than AOS

Personal Details

Title: (e.g.) Mr Mrs Ms Miss Sr Fr _____

Name: _____

Address: _____

_____ Postcode _____

Phone:(H) _____ (W) _____

Mobile number: _____ e-mail _____

Date of birth: ____/____/____ (ship visitor: minimum age 18)

Emergency contact: Name: _____ Phone: _____

Relationship(e.g. husband, mother, friend (etc)) _____

Do you belong to a Parish? (if so, please give address:) _____

Skills and Interests

Qualifications/Skills/Interests/Occupation _____

Why do you want to be an AOS volunteer? _____

Are there particular types of volunteer work which interest you?

Port based volunteering

- Ship Visiting
- Driving an AOS car or minibus
- Helping at a Seafarers Centre

Office based volunteering

- Envelope stuffing
- General office support

Parish based volunteering

- Parish Contact
- Fundraising
- Promoting AOS campaigns
- Speaking at mass/meetings
- Organising Events

Availability

At what times are you able to volunteer?

Do you have a preference as to where you do volunteer work?

Medical information needed for potential ship visitors only

Are there any medical conditions that we need to be aware of? Ship visiting is physically vigorous therefore we need to be aware of conditions such as heart problems, diabetes, epilepsy, etc in order to ensure you are adequately insured. This will not prevent you from volunteering but it is important that we are aware. _____

Are you currently taking any medication? _____

References

HOW DID YOU HEAR ABOUT US? Church Mailing Friend

Other: _____

Please give details of someone below (not a relative) who knows you well and would be able to give a personal reference e.g. a parish priest. Please seek their permission before submitting their name.

Name	
Address	
Tel	
Occupation	
How long have you known them?	
How do you know them?	

I agree that Apostleship of the Sea may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form can be stored on both manual and computer files. I confirm that I agree to Apostleship of the Sea sharing my contact details with others in Apostleship of the Sea only in order to further its work and charitable objectives.

Signed _____ Date _____

Please return this form either by fax or post.

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