



Respite Harold's Cross
Rehabilitation Blackrock
Reassurance Wicklow

Patient Services Volunteer Application Form

Thank you for your interest in volunteering with Our Lady's Hospice & Care Services. Volunteer roles are allocated based on availability of a suitable opportunity at the time requested. Your application and accompanying documentation will be retained on file by OLH&CS in compliance with our Data Retention & Disposal Policy for Volunteer Records.

Personal Details

Surname:		Forename(s):	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to state <input type="checkbox"/>		Age Range: Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-55 <input type="checkbox"/> Over 55 <input type="checkbox"/> Prefer not to state <input type="checkbox"/>	
Address:			
Tel:	Mobile:	Email:	

Please indicate which site you would like to volunteer at:

Harold's Cross Blackrock Wicklow

Why would you like to volunteer for Our Lady's Hospice & Care Services?

What do you hope to gain from volunteering here?

Role Requested - Please tick which volunteer role(s) you are interested in:
(Please note that detailed role descriptions are available from the Volunteer Office)

<input type="checkbox"/> Meeting & Greeting	<input type="checkbox"/> Driver	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Social Engagement Activities	<input type="checkbox"/> Administration and IT	<input type="checkbox"/> Car Driver
<input type="checkbox"/> Social Companionship	<input type="checkbox"/> Minister of the Eucharist	If yes, are you a car owner? Y/N Full Licence: Y/N
<input type="checkbox"/> Meal-time Companion	<input type="checkbox"/> Weekend Reception Cover	
<input type="checkbox"/> Outpatient Connection	<input type="checkbox"/> Other (Please specify) _____	

When are you available? (please tick all that apply)

Day: Mon Tues Wed Thurs Fri Sat Sun **Time:** _____

Relevant Experience
Please give details of any relevant educational, training, volunteering or work experience you have:

Name of Organisation	Describe experience / role	Date from / to

Hobbies/Interests

What hobbies, skills, special interests or qualities do you have that may be of benefit to the volunteer role you are applying for?

Have you recently suffered a bereavement? Yes No

(Please allow at least one year after a bereavement before applying to volunteer at Our Lady's Hospice & Care Services)

How have you heard about volunteering opportunities at Our Lady's Hospice & Care Services?

OLH&CS Website OLH&CS Social Media (Facebook, Twitter, etc.) Leaflet/poster Patient Staff Member Volunteer

Are you satisfied that you can fulfil the physical, mental and emotional requirements of the volunteer role you are interested in? *(Please see relevant volunteer role description for details of duties)*

Yes No

Please provide any other relevant information in support of your application:

Please provide two referees (not relatives) whom we can contact:

Name:

Name:

Tel. No:

Tel. No:

Email Address:

Email Address:

Permission to approach referee:

Permission to approach referee:

In the event of an emergency, please provide first point of contact details:

Name: _____ Tel: _____

I declare that the information given on this form is true and complete to the best of my knowledge

Signed: _____

Date: _____

Feel free to contact Jimmy or Pauline at the Volunteer Office on 01-406 8822 or 01- 406 8898 if you require any assistance in completing this form. Please return the completed form along with the completed Garda Vetting form to the Volunteer Department as follows:

- Email - volunteerdept@olh.ie
- Post - The Volunteer Department, Our Lady's Hospice & Care Services, Harold's Cross, D6W RY72

Thank you for your interest in volunteering with Our Lady's Hospice & Care Services.