

Fundraising Volunteer Application Form

Thank you for your interest in volunteering in 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 Fundraising Records.

Personal Details Please note Fundraising Volunteers must be a minimum of 18 years old.

Last Name:	First Name(s):		
Address:			
Email:	Mobile:	Phone:	
Please indicate which site you would like to volunteer at:			
Н	arold's Cross □ Blackrock □ W	icklow	
Why would you like to volunteer for Our Lady's Hospice & Care Services?			
What do you hope to gain from volunteering?			
What do you hope to gain from Volunteering:			
Role Requested - Please tick which volunteer role(s) you are interested in:			
(Please note that detailed role descriptions are available from the Volunteer Office)			
□ Packing & Post Room	☐ Fundraising Reception/Front of	☐ Spring Raffle Ticket Seller	
□ Data Entry	House	□ Sunflower Days	
□ Coin Counter	□ General Administration	Administrator / On-Street Collector	
☐ Coin Jar Administrator	□ Donor Hub Telephone Support	☐ Hospice Coffee Morning	
□ Events Ambassador	Campaign Shop & Weekend Sales	☐ Light Up a Life Steward	
□ Campaign Fulfilment	Sales	•	
		□ 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 relevar	nt educational, training, volunteeri	ng or work experience you have:		
Name of Organisation	Describe experience / role	Date from / to		
Hobbies/Interests What hobbies, skills, special interestyou are applying for?	sts or qualities do you have that may	be of benefit to the volunteer role		
Have you recently suffered a bereavement? Yes □ No □				
(Please allow at least one year afte Care Services)	r a bereavement before applying to v	olunteer at Our Lady's Hospice &		
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 $\ \square$ No $\ \square$				
Please provide any other relevan	t information in support of your ap	oplication:		
How have you heard about volunteering opportunities at Our Lady's Hospice & Care Services?				
	CS Social Media (Facebook, Twitter	•		
<u> </u>	nt Staff Member Volunteer	Other		
Please provide two referees (not relatives) who we can contact:				
Name:	Name:			
Tel. No:	Tel. No:			
Email Address:	Email Address:			
Permission to approach referee	• •	Permission to approach referee:		
Relationship to candidate: Relationship to candidate:		date:		
• • • • • • • • • • • • • • • • • • • •	ease provide first point of contact			
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 Anne at the Volunteer Office on 087 6764586 or 01 406 2505 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 aharrington@olh.ie
- Post Anne Harrington, 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