



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: <div style="text-align: center;"> Harold's Cross <input type="checkbox"/> Blackrock <input type="checkbox"/> Wicklow <input type="checkbox"/> </div>		
Why would you like to volunteer for Our Lady's Hospice & Care Services?		
What do you hope to gain from volunteering?		
Role Requested - Please tick which volunteer role(s) you are interested in: <i>(Please note that detailed role descriptions are available from the Volunteer Office)</i>		
<input type="checkbox"/> Packing & Post Room <input type="checkbox"/> Data Entry <input type="checkbox"/> Coin Counter <input type="checkbox"/> Coin Jar Administrator <input type="checkbox"/> Events Ambassador <input type="checkbox"/> Campaign Fulfilment	<input type="checkbox"/> Fundraising Reception/Front of House <input type="checkbox"/> General Administration <input type="checkbox"/> Donor Hub Telephone Support <input type="checkbox"/> Campaign Shop & Weekend Sales	<input type="checkbox"/> Spring Raffle Ticket Seller <input type="checkbox"/> Sunflower Days Administrator / On-Street Collector <input type="checkbox"/> Hospice Coffee Morning <input type="checkbox"/> Light Up a Life Steward <input type="checkbox"/> Other (Please specify)
When are you available? (please tick all that apply) Day: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> 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)

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:

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 ☐ Other ☐

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

Name: _____ Tel. No: _____ Email Address: _____ Permission to approach referee: _____ Relationship to candidate: _____	Name: _____ Tel. No: _____ Email Address: _____ Permission to approach referee: _____ Relationship to candidate: _____
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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 the fundraising team on 01 4911072 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 – fundraising@olh.ie
- Phone 014911072
- Fundraising Team at 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