



Saint Joseph's Shankill

Dedicated to Dementia Care

VOLUNTEER APPLICATION FORM

VOLUNTEER APPLICATION PROCESS CHECKLIST	✓
All applicants must be over 18 years old to volunteer with Saint Joseph's Shankill.	
Please print & complete the form in full using a blue/black pen and BLOCK CAPITALS.	
All sections must be completed in full, including Garda Vetting Application Form.	
All applicants must submit three written references with their application.	
All applicants must supply a photographic ID with their application.	

SECTION 1 – ABOUT YOU

PERSONAL INFORMATION	
FIRST NAME	
SURNAME	

DATE OF BIRTH (DD/MM/YYYY)	
GENDER	

CONTACT DETAILS	
MOBILE PHONE NUMBER	
LANDLINE NUMBER	
EMAIL ADDRESS	

CURRENT ADDRESS (PLEASE GIVE YOUR CURRENT <u>HOME</u> ADDRESS)	
ADDRESS LINE 1	
ADDRESS LINE 2	
ADDRESS LINE 3	
CITY/TOWNLAND	
COUNTY	

EMERGENCY CONTACT DETAILS			
FIRST NAME		RELATIONSHIP TO YOU (<i>For example, Spouse, Partner, Mother, Father...</i>)	
SURNAME		CONTACT NUMBER	

SECTION 2 – YOUR SKILLS

CURRENT OCCUPATION/ QUALIFICATIONS	
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Below are the volunteer roles that are currently available. Please indicate which roles you are interested in (please tick all options that apply):

Activities Volunteer		Administration Volunteer		Arts & Crafts Volunteer		'Buddy' Volunteer	
Cinema Club Volunteer		Day Care Volunteer		Day Trip Volunteer		Fundraising Volunteer	
Gardening Volunteer		Hand Massage Volunteer		Information Hub Volunteer		Lodge Volunteer	
Maintenance & Painting Volunteer		Musician/ Entertainer Volunteer		Reception Volunteer		TrioBike Volunteer	
Volunteer Drivers		Volunteer Hairdressers		Website Volunteer			
Other (please specify):							

*Do you have a driving licence?	
Which type of driving licence do you have? (AM, A, A1, A2, B, BE, C, CE, C1, C1E, D, DE, D1, D1E)	
*Please detail any other skills you have (including health care/medical):	

SECTION 3 – YOUR INTERESTS AND AVAILABILITY

Please indicate your availability below. We ask that you make a minimum commitment to volunteer with us for one year. This can be on a weekly, monthly or occasional basis.

WEEKLY		MONTHLY		OCCASIONAL EVENTS	
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Please indicate the times that you are available:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

Tell us about yourself. This will help us to match you to a suitable volunteer role.

Why do you want to volunteer with Saint Joseph's Shankill?

Do you have any experience with people living with dementia?

Have you had a recent bereavement?

Is there any other relevant information you wish to provide?

How did you hear about us? (Please tick all that apply)

RADIO	<input type="checkbox"/>	SOCIAL MEDIA	<input type="checkbox"/>	INTERNET	<input type="checkbox"/>	PERSONAL EXPERIENCE	<input type="checkbox"/>
TV	<input type="checkbox"/>	WORD OF MOUTH	<input type="checkbox"/>	PRINT MEDIA	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

SECTION 4 - REFERENCES

Three written references are required, from colleagues (current or former) or friends (you have known for more than 2 years) who may be contacted by Saint Joseph's Shankill. They may complete the Standard Reference Request Forms at the end of this form or provide a written reference on headed paper (if representing an organisation).

SECTION 5 – VOLUNTEER AGREEMENT

Saint John of God Hospital Limited, Saint Joseph's Shankill, Crinken Lane, Shankill, Co Dublin requires all volunteers to sign the following agreement.

I understand that:

- *I must treat the people in the care of Saint Joseph's Shankill with dignity and respect.*
- *I will maintain the strictest confidentiality in relation to the people in the care of Saint Joseph's Shankill.*
- *I understand there is a screening process required for all volunteers and I hereby consent to any screening process on any application I may submit in this regard.*
- *I will be reliable and maintain contact with my nominated contact person if I am going to be late, or are unable to attend on a particular day.*
- *I will be supervised and supported in my role.*
- *I will report any difficulties that may arise in the course of my role, in the first instance, to the Volunteer Coordinator.*
- *My hours of volunteering shall be agreed between me and the Volunteer Coordinator.*
- *In the event that this Agreement is terminated prior to the renewal/review date, a minimum of two weeks' notice shall apply, to both parties. Notwithstanding this, Saint Joseph's Shankill reserves the right to terminate this Agreement with immediate effect should such action be required.*
- *I shall participate in mandatory training including Induction and any other training required for my role.*
- *I agree that any communication to outside bodies, HSE, other organisations or to the media / press in all its forms will not take place without prior express approval.*
- *I may have access to information concerning the medical or personal affairs of people in the care of Saint Joseph's Shankill, staff, other Volunteers, or other Centre/Service business. Such records and information are strictly confidential and unless acting on the instruction of an authorised person, on no account must information concerning these people and/or services/business be divulged or discussed except in the performance of normal duty. In addition, records must never be left in such a manner that unauthorised persons can obtain access to them and must be kept in safe custody when no longer required.*
- *It shall be my duty as a volunteer, while in Saint Joseph's Shankill, to take reasonable care for my own safety, health and welfare and of others (staff, people in the care of Saint Joseph's Shankill, other volunteers, visitors etc.) and to report to the Volunteer Coordinator, without unreasonable delay, any defects in equipment or system of role which I become aware. An Occupational Health & Safety Statement has been prepared, setting out all the safety and arrangements which are in force and I should familiarise myself with the organisation's safety regulations/safety statement arrangements in relation to my own Volunteering and I have a responsibility to adhere to these at all times. I know I can contact the Volunteer Coordinator to access the complete Occupational Health & Safety Statement.*
- *Mobile phone usage is expected to be undertaken in a responsible manner.*

- *Lending or borrowing of money is strictly prohibited.*
- *I will abide by Saint Joseph's policies and codes of conduct as laid down by the Volunteer Policy of the Saint John of God Hospitaller Service. I am required to comply with all policies/legislation which have particular application to my Voluntary Duties. Details of these policies and the Saint Joseph's policies will be communicated by the Volunteer Coordinator.*
- *I shall not remove any records/documents belonging to Saint Joseph's from the premises at any time without proper advance authorisation. I will return to Saint Joseph's upon request, and in any event, upon termination of the Volunteer Agreement, all records and/or property belonging to Saint Joseph's which are in my possession.*
- *I declare to the best of my knowledge that there is nothing in relation to my conduct, character or personal background that would adversely affect the position of trust in which I would be placed by virtue of this volunteer role. I hereby confirm my consent to Saint Joseph's making such enquiries as may be deemed necessary in respect of my suitability for the role of Volunteer at Saint Joseph's Shankill.*
- *Saint Joseph's complies with the requirements of the Freedom of Information, Data Protection Acts in respect of records held.*
- *We take your privacy seriously. And we strive to be compliant with GDPR. You can access our full privacy notice on our website www.saintjosephsshankill.ie where it sets out the basis on which any of your personal data we collect from you, is used, stored and processed by us.*
- *I understand that my photo may be taken at volunteer and other events. I consent to my photo being used to promote the Volunteer Programme at Saint Joseph's Shankill in house, online and through social media platforms.*
- *Furthermore, I hereby declare that all the particulars furnished on my application form are true and that I am aware of the qualifications and particulars for the position of Volunteer. I accept and confirm the entitlement of Saint Joseph's to reject my application if I have omitted any information relevant to my application or where I have made any false statement or misrepresentation relevant to my application.*

ACCEPTANCE

I have read and fully understand the duties, responsibilities and obligations attached to the role of Volunteer, Saint Joseph's Shankill and the terms and conditions as outlined in this Volunteer Agreement and the Policy on Volunteering.

VOLUNTEER

NAME (Please print)	
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SIGNED		DATE SIGNED	
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ON BEHALF OF SAINT JOSEPH'S SHANKILL

SIGNED		DATE SIGNED	
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Saint Joseph's Shankill

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STANDARD REFERENCE REQUEST FORM

NAME OF APPLICANT (VOLUNTEER)	
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HOW LONG HAVE YOU KNOWN THE APPLICANT?	
IN WHAT CAPACITY?	

Please evaluate the applicant in the following areas (please tick one box for each area):

	POOR	ACCEPTABLE	GOOD	EXCELLENT
RELIABILITY				
TIME MANAGEMENT				
RESPONSIBILITY				
COMMUNICATION AND INTERPERSONAL SKILLS				
HONESTY				
FLEXIBILITY				

Are you aware of any extra support needs the applicant might have?	
Is there anything else you would like to tell us about the applicant that would help us to make a suitable volunteer-role match?	

NAME OF REFEREE	
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PHONE NUMBER		POSITION (IF PART OF AN ORGANISATION)	
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EMAIL ADDRESS	
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I confirm that the details I have provided are accurate to the best of my knowledge:

SIGNED		DATE SIGNED	
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