



# Saint Joseph's Shankill

*Dedicated to Dementia Care*

## Our Volunteer Programme

### Welcome!

Thank you for your interest in volunteering with us. You've made a great choice!

### How to start volunteering with us:

1. Complete our **Volunteer Application Form**
2. Complete our **Garda Vetting Form** (if applicable - this will depend on your role)
3. Provide **3 references** (using our Reference Request Form - see end of form)
4. **Contact Nicola** to arrange a time to call in to Saint Joseph's Shankill
5. **Bring your photo ID** such as your passport, driving licence or Public Services Card when you call in
5. Once your application is accepted (following reference checks and Garda Vetting) you will be invited to an **Induction and Orientation session** with other new volunteers
6. Then you're ready to **start volunteering** with us with the support of staff and other volunteers
7. We'll **check-in** to see how you're settling in

*Join the best volunteer team there is!*

*"I find the staff and residents in Saint Joseph's are like one big family and always make me feel welcome and included. There is a great team spirit and I am happy to be part of the team".*

What our  
volunteers  
tell us

*"It's a great experience. It's very professional and friendly. We feel cared for as well as the residents".*

**For more information contact: Nicola Yau**

Telephone: 01 282 3000

Email: Nicola.Yau@sjog.ie

Saint Joseph's Shankill, Crinken Lane, Shankill, D18 TY00

[www.saintjosephsshankill.ie](http://www.saintjosephsshankill.ie)

CHY18282





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## Volunteer Application Form

### Volunteer Application Checklist

- All applicants must be over 18 years old to volunteer
- Please print and complete the form using blue/black pen and BLOCK CAPITALS
- All sections must be completed in full, including Garda Vetting Form
- All applicants must submit three written references with their application
- Applicants must provide a photo ID (such as passport, driving licence, Public Services Card)

Please complete and return to the Volunteer Coordinator at [Nicola.Yau@sjog.ie](mailto:Nicola.Yau@sjog.ie) or to Saint Joseph's Shankill, Crinken Lane, Shankill, D18 TY00

### Section 1 - ABOUT YOU

<b>First Name</b>	
<b>Surname</b>	
<b>Date of Birth (DD/MM/YYYY)</b>	
<b>Gender</b>	
<b>Mobile number</b>	
<b>Email address</b>	
<b>Address</b>	
<b>Emergency Contact Name</b>	
<b>Relationship to you (spouse/partner/parent)</b>	
<b>Emergency Contact Number</b>	

## Section 2 - YOUR SKILLS

**Current/Previous Occupation**

*Below are the volunteer roles that are currently available. Please tick which roles you are interested in (tick all options that apply).*

- |                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| <input type="radio"/> Activities Volunteer      | <input type="radio"/> House Buddy Volunteer            |
| <input type="radio"/> Administration Volunteer  | <input type="radio"/> Information Hub Volunteer        |
| <input type="radio"/> Arts and Crafts Volunteer | <input type="radio"/> Maintenance & Painting Volunteer |
| <input type="radio"/> Buddy Volunteer           | <input type="radio"/> Musician/Entertainer Volunteer   |
| <input type="radio"/> Cinema Club Volunteer     | <input type="radio"/> Reception Volunteer              |
| <input type="radio"/> Day Care Volunteer        | <input type="radio"/> School Ambassador                |
| <input type="radio"/> Day Trip Volunteer        | <input type="radio"/> TrioBike Volunteer               |
| <input type="radio"/> Fundraising Volunteer     | <input type="radio"/> Volunteer Driver                 |
| <input type="radio"/> Gardening Volunteer       | <input type="radio"/> Volunteer Hairdresser            |
| <input type="radio"/> Hand Massage Volunteer    | <input type="radio"/> Website Volunteer                |
|                                                 | <input type="radio"/> Other (please specify): _____    |

**Do you have a driving licence?**

**What type of driving licence do you have?**

## Section 3 - YOUR INTERESTS AND AVAILABILITY

*Please indicate your availability below. We ask for a minimum commitment of one year. This can be on a weekly, fortnightly, monthly or an occasional basis. Please tick your preference:*

**Weekly**

**Fortnightly**

**Monthly**

**Occasional**

*Please indicate the times that you are available:*

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

**Morning**

**Afternoon**

**Evening**

*Tell us about yourself to help us 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?**

**Is there any other relevant information you wish to provide?**

*Our home is generally a happy place but we do have moments of sadness. If you have recently experienced the death of a close relative/friend, you may wish to consider waiting a while before volunteering with us. Please let us know in the space above.*

**How did you hear about us? Please tick all that apply:**

- |                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> Radio                     | <input type="radio"/> Print Media/Newspapers         |
| <input type="radio"/> TV                        | <input type="radio"/> Internet                       |
| <input type="radio"/> Social Media              | <input type="radio"/> Word of mouth                  |
| <input type="radio"/> Volunteer Ireland / I-VOL | <input type="radio"/> Other (please specify) : _____ |
| <input type="radio"/> Personal Experience       |                                                      |

## Section 4 - REFERENCES

We require **three written references** 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 should complete the Reference Request Forms at the end of the Application 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 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 the Volunteer Coordinator if I am going to be late, or am 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 with 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 Orientation and any other training required for my role.*
- *I agree that any communication to outside bodies, HSE, other organisation 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 services. 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 be divulged or discussed except in the performance of normal duty. In addition, records must never be left in such a manner that an unauthorised person 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 of 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 delay, any defects in equipment or system of which I become aware.*
- *Mobile phone usage should be discrete and kept to a minimum.*
- *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. I am required to comply with all policies/legislation which have particular application to my role. Details of these policies will be communicated by the Volunteer Coordinator.*

- *I shall not remove any records/documents belonging to Saint Joseph's Shankill from the premises at any time without proper advance authorisation. I will return to Saint Joseph's Shankill upon request, and in any event, upon termination of the Volunteer Agreement, all records, and/or property belonging to Saint Joseph's Shankill 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 my volunteer role. I hereby confirm my consent to Saint Joseph's Shankill 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 Shankill complies with the requirements of the Freedom of Information, Data Protection Acts in respect of records held.*
- *We take your privacy seriously and we are compliant with GDPR. The Volunteer Policy sets out the basis on which any of the personal data we collect from you is used, stored and processed by us.*
- *I understand that my photograph may be taken at volunteer and other events. I consent to my photograph being used to promote the Volunteer Programme at Saint Joseph's Shankill in house, online, in publications and through social media platforms.*
- *I hereby declare that all the information furnished on my application form is true and that I am aware of the qualifications and specifications for the position of Volunteer. I accept and confirm the entitlement of Saint Joseph's Shankill 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.*

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

**Name (please print):** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**On Behalf of Saint Joseph's Shankill**

**Signed:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_



# Saint Joseph's Shankill

*Dedicated to Dementia Care*

## Reference Request Form

*We would appreciate your help in providing us with a reference for the Volunteer Applicant named below who has applied to volunteer with Saint Joseph's Shankill.*

**Name of Volunteer Applicant:**

**How long have you known the applicant and 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 skills				
Flexibility				
Teamwork				
Ability to complete tasks unsupervised				

**As an organisation committed to safeguarding, we need to know about the applicant's suitability to volunteer with children, young people and vulnerable adults. Do you have any concerns about the applicant's suitability to volunteer alongside these groups of people?**

Yes       No

**If Yes, please give details:**

**Is there anything else you would like to tell us about the applicant that might help us to make a suitable volunteer-role match?**

**Your Name:**

**Your Phone Number:**

**Your Email Address:**

*I confirm that the details I have provided are accurate to the best of my knowledge:*

**Signed:**

**Date:**



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