



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 **the names and contact details of 3 referees**
4. **Contact Nicola** to arrange a time to call in to Saint Joseph's Shankill
5. **Bring your photo ID** when you call in and proof of address (for Garda Vetting)
6. 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
7. Then you're ready to **start volunteering** with us with the support of staff and other volunteers
8. We'll also **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 / 087 163 7363

Email: Nicola.Yau@sjog.ie

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

www.saintjosephsshankill.ie

CHY18282





Saint Joseph's Shankill

Dedicated to Dementia Care

Volunteer Application Form

Volunteer Application Checklist

- All applicants must be over 18 years old to volunteer
- Please complete all sections of the Volunteer Application Form
- All applicants must provide the names and contact details of three referees
- Please complete the Garda Vetting Form (where relevant)
- Applicants must provide a photo ID and proof of address (based on 100 point Garda Vetting Checklist, where relevant)

Please return completed applications to the Volunteer Coordinator at Nicola.Yau@sjog.ie or to Saint Joseph's Shankill, Crinken Lane, Shankill, D18 TY00

Section 1 - ABOUT YOU

First Name

Surname

**Date of Birth
(DD/MM/YYYY)**

Mobile number

Email address

Address

Emergency Contact Name

Relationship to you (spouse/partner/parent)

Emergency Contact Number

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="checkbox"/> Activities Volunteer | <input type="checkbox"/> Maintenance & Painting Volunteer |
| <input type="checkbox"/> Administration Volunteer | <input type="checkbox"/> Musician/Entertainer Volunteer |
| <input type="checkbox"/> Arts and Crafts Volunteer | <input type="checkbox"/> Meet and Greet Volunteer |
| <input type="checkbox"/> Buddy Volunteer | <input type="checkbox"/> Reception Volunteer |
| <input type="checkbox"/> Cinema Club Volunteer | <input type="checkbox"/> School Ambassador Volunteer |
| <input type="checkbox"/> Corporate Ambassador Volunteer | <input type="checkbox"/> TrioBike Volunteer |
| <input type="checkbox"/> Day Care Volunteer | <input type="checkbox"/> Volunteer Artist |
| <input type="checkbox"/> Day Trip Volunteer | <input type="checkbox"/> Volunteer Beautician |
| <input type="checkbox"/> Fundraising Volunteer | <input type="checkbox"/> Volunteer Driver |
| <input type="checkbox"/> Gardening / DIY Volunteer | <input type="checkbox"/> Volunteer Hairdresser |
| <input type="checkbox"/> Graphic Design Volunteer | <input type="checkbox"/> Volunteer Videographer |
| <input type="checkbox"/> Hand Massage Volunteer | <input type="checkbox"/> Website Volunteer |
| <input type="checkbox"/> House Buddy Volunteer | <input type="checkbox"/> Wellness Volunteer |
| <input type="checkbox"/> Information Hub Volunteer | <input type="checkbox"/> Other, please specify: |

Do you have a driving licence?

Yes

No

If YES, 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 or experience 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 the names of **three referees**, who are not related to you and have known you for at least 2 years, such as: colleagues (current or former), professionals, friends, neighbours. They will be contacted by Saint Joseph's Shankill as part of the screening process for our Volunteer Programme.

	Referee 1	Referee 2	Referee 3
Name			
Telephone number			
Email Address			

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 with the people in our care, their families and staff.*
- *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:** _____