VOLUNTEER REGISTRATION FORM

STRICTLY CONFIDENTIAL

Please complete in black ink and BLOCK CAPITALS

Title: Mr / Miss / Mrs / Ms ________________	Nationality: ______________________________
Surname: ______________________________	Date of birth: ____________ Age ____________
Forename(s): ___________________________	Telephone (Home): _______________________
Address: ______________________________	Telephone (Other): _______________________
______________________________________	Emergency contact name/relationship:
______________________________________	______________________________________
Email: _________________________________	Emergency contact number: ______________________________________

ADDITIONAL INFORMATION

What areas of volunteering are you interested in?

Coffee Shop	☐	Meet & Greet	☐	Personal Care	☐
Age Related Day Hospital	☐	Arts	☐	Patient Surveys	☐
Patient Library	☐	Other	☐		

How did you hear about our volunteer programme? ____

____

____

What skills or experience do you have that may be of relevance to us? ______________________________

____

____

____

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Method of transport to the hospital ____

REFEREES

Please supply the name, address and telephone number of two referees (not relatives), one of whom should be your G.P.

Ref. 1

____

____

____

____

Ref. 2 (Doctors reference)

____

____

____

____

MEDICAL

Do you have any medical condition or illness that might affect your work as a volunteer?
If yes, please give details:

____

____

DECLARATION (CONFIDENTIAL)
Have you ever been convicted of a Criminal Offence or been the subject of a caution or of a Bound Over Order?

No: ________ Yes: _______ (if yes please give details)

____

____

____

I declare that all of the above information is true:

Signed : ______________________________ Date: ________________________

Print name: ____________________________

Once completed, please return this form by post/email to:
Carol Roe, Volunteer Services Manager, Tallaght Hospital, Dublin 24. Email: volunteer.services@amnch.ie