



# Volunteer Application Form

Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

We ask you to read the following statements and tick each box that you consent to:

- Galway Hospice Foundation can call me on my mobile
- Galway Hospice Foundation can send me text messages
- Galway Hospice Foundation can send me e-mails

Occupation \_\_\_\_\_

Please tell us why you would like to volunteer with Galway Hospice?

\_\_\_\_\_  
\_\_\_\_\_

Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for:

\_\_\_\_\_  
\_\_\_\_\_

Are you presently or have you previously been involved in voluntary work? If yes please give details.

\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies, skills, special interests that you have that may be relevant to the volunteer role you are applying for?

\_\_\_\_\_  
\_\_\_\_\_

Availability:

Days	(Please tick)	Morning	Afternoon	Evening	Number of hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

# Volunteer Application Form

RF-GHF-255 Rev1 Issued 17/04/18

Would you be interested in helping with any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Driving (if yes are you a car owner with full licence?) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Arts and Crafts   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Day Care  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Fundraising   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Receptionist  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. IPU lunch and/or evening drinks round                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Other ways (please specify) .....                       |                              |                             |

Have you ever been convicted of a criminal offence in any jurisdiction and/or do you have any criminal charge(s) pending? Yes/No \_\_\_\_\_

If yes please give details: \_\_\_\_\_

(Please note that Garda eVetting is carried out for ALL Staff and Volunteers)

Have you suffered a bereavement or family crisis in the last 2 years? If yes, please give details:

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical condition / special needs that may limit your work as a volunteer?

If yes please give details:

\_\_\_\_\_

\_\_\_\_\_

## Referees:

You will be aware that, as we work with vulnerable people, we have to be very vigilant in all our recruitment activities for staff or volunteers. Please supply us with names of two referees (one of which should be a professional, i.e. present/ recent employer)

1. Name: \_\_\_\_\_

Tel No: \_\_\_\_\_ Position held: \_\_\_\_\_

2. Name: \_\_\_\_\_

Tel No: \_\_\_\_\_ Position held: \_\_\_\_\_

**Please note your referees may be contacted before we meet with you.**

Any other comments/information you would like to add:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We try to make sure that the information we have about you is accurate and up-to-date. If your information changes or you believe we have information which is inaccurate or not up-to-date please let us know in writing or by email and we will change it.

I declare that the information given on this form is true and complete to the best of my knowledge and belief. I hereby consent to the use of my personal information noted in the documentation outlined above. The information asked of me will be processed fairly, accurately, be relevant, not excessive and not be kept for longer than is necessary. I also understand that I can withdraw that consent at any time by contacting the volunteer co-ordinator in writing or by email.

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

**Please return completed form to:**

Rita Grealish, Co-Ordinator of Volunteers, Galway Hospice Foundation, Renmore,  
Galway H91 R2TO