

# Volunteer Application Form

Thank you for your interest in volunteering with Clarenbridge Nursing Home

Clarenbridge Nursing Home welcomes volunteers that can contribute to the well being of our residents and help us improve their quality of life. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

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## Personal Details

Name: \_\_\_\_\_ Mr.  Ms.

Postal Address:

\_\_\_\_\_

County:

\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth-date: \_\_\_\_\_  
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

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

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

### Garda Vetting & References

All volunteers will be required to complete a Garda Vetting Form and return to Clarenbridge Nursing Home. You are also required to provide us with three references.

## Your Skills and Interests

1. Have you ever done any voluntary work before? Yes  No

If you answered yes, please tell us about the experience.

2. Why do you want to volunteer now? What motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Are you applying for a specifically advertised position? Yes  No

If yes, please write the following; Role name \_\_\_\_\_

5. What kind of voluntary work is of particular interest to you?

- Swimming Volunteer
- Social outings Volunteer
- In House Social Activities Volunteer
- Other

6. When are you available for voluntary work?  Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

7. How long do you intend to volunteer for?

\_\_\_\_\_ (Note that some opportunities demand a minimum time commitment)

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of Clarenbridge Nursing Home.

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

Volunteer Role:
Commencement Date:

Signed \_\_\_\_\_  
Clarenbridge Nursing Home