



# Highfield Healthcare

## Volunteer Application Form

Volunteers play a vital role in enhancing our care. 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.

### Personal Details

Name: \_\_\_\_\_ Mr.  Mrs.  Miss.  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) \_\_\_\_\_

### Equal Opportunities

Highfield Healthcare is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, colour, nationality, religion, sex, marital status, family status, sexual orientation, disability, age or membership of the Traveller Community. Highfield Healthcare fully endorses a working environment free from discrimination and harassment.

Highfield Healthcare is committed to standards of excellence in Elder/Child Protection practices. Where your volunteer role may have direct contact with the older person, you will be required to complete a Garda Vetting Form, which will be processed by Highfield Healthcare. In the mean time, please complete the question below.

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

Yes  No

If you ticked yes, please provide details below

## Your Skills and Interests

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

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

2. Why do you want to volunteer now? What has 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 \_\_\_\_\_  
Reference # \_\_\_\_\_

5. What kind of voluntary work interests you?

---

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? \_\_\_\_\_

8. Where do you wish to volunteer? \_\_\_\_\_

9. How did you find out about volunteering with Highfield Healthcare?

- Highfield Healthcare Website
- Leaflet / Poster
- Word of Mouth
- Internet www. \_\_\_\_\_
- Other \_\_\_\_\_

## References

**1.**

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

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

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

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

**2.**

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

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

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

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

If you have any queries when completing this application form, please phone *01 8374444* or e-mail *chayden@highfieldhealthcare.ie* If you would like to find out more about Highfield Healthcare log onto our website [www.highfieldhealthcare.ie](http://www.highfieldhealthcare.ie).

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 Highfield Healthcare and I agree that being Person Centered will be central to my role.

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

For office use only	Notes
Volunteer Position _____	
Volunteer Interview _____	
Volunteer Role Description sent _____	
References Collected _____	
Volunteer Start Date _____	

Thank you for your interest in volunteering with *Highfield Healthcare*