



St. James's Hospital

Croí Na Tire Volunteer Pilot Project

Application Form

The aim of volunteering in the Hospital is to provide voluntary services and non- clinical support to patients. The support of the Volunteer is considered to contribute to the improvement of patient experience, well-being and comfort during their hospital stay.

Personal Details

Name:

Address:

Town:

County:

E-mail address:

Telephone: Home:

Work:

Mobile:

May we call you on your work number? Yes No

May we call you on your mobile number? Yes No

In the Case of Emergency

Please notify:

Telephone: Home:

Mobile:

Relationship:

Work:

Employment Details

Are you?

Employed full-time

employed part-time

A home maker

retired

Referees
(Current/Previous Employer and Character)

(Please provide business, professional, counsellor/teacher or personal referees – not relatives)

Name: Telephone: Position Held:
Address:

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Address:

A level of proficiency in the English language, written and spoken, is a requirement at St. James's Hospital. Please rate your proficiency by ticking the appropriate boxes below:

	Excellent	Good	Average	Fair	Poor
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**** Your proficiency in spoken English will be assessed during the interview.**

Do you speak a foreign language? Yes No
If yes, which one(s):
If yes, are you willing to help if a translator is needed? Yes No

Please list any special skills, interests, and/or other hobbies:

Why do you wish to volunteer?

Availability

Day(s) of the week: Sunday Monday Tuesday
Wednesday Thursday Friday Saturday
Time(s) of the Day Mornings Afternoons Evenings

Note: The minimum recommended commitment is 2 hours per week.

I understand that any omission or misrepresentation of information in this application may result in refusal of or separation from my volunteer service at the hospital.

I certify that I have not been convicted of a felony and am not volunteering as a court or attorney referral. I understand Garda Vetting will be obtained.

I certify that I am at least 18 years of age.

Signature:

Date:

How to Apply: Please forward a Completed Application Form to : Mr. Paul Gallagher, Director of Nursing, Nursing Administration, St. James's Hospital, James's Street, Dublin 8.

The information which you give on this form will be treated as strictly confidential and all or part may be contained in a computerised system, in which case the requirements of the Data Protection Act will be complied with fully.

Thank you for your interest in St. James's Hospital.

For office use only

Placement:

Supervisor:

Assigned Day(s):

Induction Date:

Start Date:

Telephone:

Assigned Hour(s):

Training Date:

End Date: