

**Adelaide & Meath Hospital Dublin
Volunteer Registration Form**

Strictly Confidential

PERSONAL DETAILS

Surname: _____ **First Name:** _____

Address: _____

Email : _____

Nationality _____

Date of Birth : _____

Telephone (Home): _____ **Telephone (Other):** _____

Next of Kin: _____

ADDITIONAL INFORMATION

What areas of volunteering are you interested in?

Coffee Shop
Age Related Day Hospital
Patient Library

Help Desk
Arts
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 _____

REFERENCES

Please supply the name, address and telephone no. of two referees (not relatives), one of who should be your G.P.

Reference (1)

Doctors Reference: (2)

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: _____

Signature:

Date: