 **Volunteer Application Form**

**Personal Details:**

**Name:** Click here to enter text. **Surname:** Click here to enter text.

**Address:** Click here to enter text.

**Home phone:** Click here to enter text. **Work phone:** Click here to enter text.

**Mobile phone:** Click here to enter text. **E-mail:** Click here to enter text.

**Date of birth:** Click here to enter a date. **Occupation:** Click here to enter text.

**Special Skills:** Please share any special skill/talents that you would like to share in your volunteer work (i.e. Music, Gardening, Painting, Art, etc.):Click here to enter text.

**Emergency Contact Information:**

**Name:** Click here to enter text. **Surname:**  Click here to enter text.

**Emergency Contact Phone:** Click here to enter text. **Relationship** Click here to enter text.

**References:**

Please provide us with the names of two people over the age of 18, not related, who can provide you with references. These can be personal acquaintances, former/current colleagues, employers or anyone else that would be able to comment on your suitability for a volunteer role with Friends of the Elderly.

|  |  |
| --- | --- |
| Reference 1 | Reference 2 |
| Full name | Click here to enter text. | Full name | Click here to enter text. |
| Position/ Company | Click here to enter text. | Position/Company | Click here to enter text. |
| Address | Click here to enter text. | Address | Click here to enter text. |
| Phone number | Click here to enter text. | Phone number | Click here to enter text. |
| Email | Click here to enter text. | Email | Click here to enter text. |

**How did you hear about Friends of the Elderly?** Click here to enter text.

**Have you volunteered before?** Click here to enter text.

**Do you want long or short term commitment?** Click here to enter text.

**Do you want regular or occasional commitment?** Click here to enter text.

## When are you available to volunteer?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning [ ]  | Morning [ ]  |
| Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  | Afternoon [ ]  |
| Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening [ ]  | Evening [ ]  |
| Comment: Click here to enter text. |

|  |
| --- |
| Which areas would you be able to volunteer in? (*To be completed by volunteers interested in Home / Community/Friendly Helper Volunteer* ONLY) |
| Dublin 1  | [ ]  | Dublin 10 | [ ]  | Dublin 18 | [ ]  |
| Dublin 2  | [ ]  | Dublin 11 | [ ]  | Dublin 19 | [ ]  |
| Dublin 3 | [ ]  | Dublin 12 | [ ]  | Dublin 20 | [ ]  |
| Dublin 4 | [ ]  | Dublin 13 | [ ]  | Dublin 21 | [ ]  |
| Dublin 5 | [ ]  | Dublin 14 | [ ]  | Dublin 22 | [ ]  |
| Dublin 6 | [ ]  | Dublin 15 | [ ]  | Dublin 24 | [ ]  |
| Dublin 7 | [ ]  | Dublin 16 | [ ]  | Dun Laoghaire/ Blackrock | [ ]  |
| Dublin 8 | [ ]  | Dublin 17 | [ ]  | North County Dublin |[ ]
| Dublin 9 | [ ]  | Swords/Malahide  | [ ]  | South County Dublin |[ ]

Are you prepared to travel a short distance to an older person’s house if they live slightly outside your immediate area? (N.B. at present Friends of the Elderly is not in a position to fund travelling expenses). Please tick:

Yes, I have access to a car and could travel [ ]

Yes, I could use public transport [ ]

No [ ]

## Volunteer Opportunities: - [*Share your time and talent*](http://www.littlebrothersmn.org/volunteer)*to enhance the lives of lonely older adults*

## *Please select the roles that interest you: A more detailed role description is available on request.*

## [ ]  Home Visiting Friend: We ask our befrienders to visit an older person for 1 hour a week. Together you can have a cup of tea and a chat, maybe go for a stroll around the neighbourhood. We ask for a commitment of one year.

## [ ]  Telephone Friend: A friendly chat on the phone can make all the difference. Volunteers are needed to call our older friends on a regular basis. Calls are made from our office in Bolton Street, hours flexible between 11.00am & 4.00pm

## [ ]  Social Club Friend: We have a social club at 25 Bolton Street where our older members meet new friends at our various social activities. Have you any special talents you would like to share with our older friends? Would you like to organise a club or help at an activity?

## [ ]  Friendly Helper: Can’t commit to weekly or monthly volunteering? Be an on-call volunteer and only volunteer on an “as needed” basis. Escort our old friends to parties, help them with shopping, or the doctor’s/hospital appointment. Coordinate your schedule with an old friend’s needs

## [ ]  Charity shop: Friends of the Elderly run a charity shop at 25 Bolton Street called Ritzy Rags. The shop is staffed with volunteers working 3 hour shifts in pairs of two, during the opening hours of 11am - 4pm, Mon-Sat. Would you be able to help us on a weekly basis should we need shop volunteers? Which days and shift would suit you: Click here to enter text.

## [ ]  Office Volunteer: providing assistance in our office or with our fund-raising campaigns. Do you have special skills that we could use, an IT wizard, social media guru you could help us.

## [ ]  Christmas Celebrations: Every Christmas we arrange dinners for our older members, usually in the weeks before Christmas. Would you be able to help should we need volunteers? This is during the daytime.

## [ ]  Social Events/Day Trips: Can you assist at parties or at special events, accompany older friends on day trips, help with distribution of presents.

## [ ]  Drivers: If you hold a valid driver’s license and have an insured car: Would you be able to assist us with the transport our older friends to a special occasion?

## [ ]  Group Volunteering: Groups/work colleagues looking for a time-limited community project. Help an older person transform their garden, give them a party, lets share ideas?

*In accordance with the 1998 & 2003 Data Protection Acts, I agree that Friends of the Elderly may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form can be stored on both manual and/or computer files. It will be held securely and only accessed by authorised persons.*

Signature: Date: