

ALL HALLOWS NURSING HOME VOLUNTEER APPLICATION FORM

Surname	Forenames
Address	Telephone Number/Home
	Telephone Number/Business/Work
I. Volunteers are valued in many areas. What area attracts you? <i>please tick appropriate box</i>	
1. Morning Drinks – To assist residents who are unable to hold beakers Approx. 10:30 am – 11.30 am	
2. Afternoon drinks – To assist residents who are unable to hold beakers Approx. 3:00 pm – 4.00 pm	
3. Acting as an escort in the minibus to transport residents from home to Day Care or for outings.	
4. Helping in the Day Care Department	
5. Helping to feed service users at meal times	
6. Sitting with service users a) who are restless and ill b) for companionship	
7. Acting as an escort to residents who have appointments at N & N Hospital or JPH	
II. How much time would you be prepared to give or when would you be available?	
III. Would you be available at short notice?	
IV. Have you any nursing experience? <i>Brief details please:</i>	
V. Have you ever worked with: children	
elderly people	
mental disorders	
physically handicapped	
voluntary organisations	
VI. Are you physically fit?	
VII. Have you got a full clean driving licence?	
VIII. What are your hobbies?	
IX. What is your job?	
X. Where do you work?	
XI. How did you hear of this scheme?	

Please give the names and addresses of two referees who have known you well over the past 5 years.

1.

2.

Emergency Contact:

Name:

Telephone No

Signed.....

Date.....