



## **Art Volunteer Role Description**

<b>Title:</b>	<b>Arts Volunteer</b>
<b>Purpose:</b>	<b>To provide a quality service to patients in a cheerful, friendly manner.</b>
<b>Suggested Activities</b>	<b>Facilitate weekly art sessions for patients. This might be visual art, music or story telling. Each group is different and artists develop projects to suit the needs of patients. Artists are assigned to one particular patient group and build a relationship with this group over the course of the work placement.</b>
<b>Measures:</b>	<b>Customer and volunteer satisfaction.</b>
<b>Qualifications:</b>	<b>1. An undergraduate degree in art. 2. Reasonable level of English. 3. Ability to take direction and get on with people. 4. A sense of commitment and responsibility. 5. Neat and tidy dress is expected. 6. Two reference will be required one of whom should be your G.P. 7. Garda Clearance will also be required.</b>
<b>Time:</b>	<b>Once a week, 2 -3 hours per session for a minimum of 20 weeks.</b>
<b>Site:</b>	<b>Tallaght Hospital, Dublin 24.</b>
<b>Supervision:</b>	<b>1. While on duty the volunteer is responsible to the Unit Manager or their Deputy. 2. The Arts Officer is responsible for all arts activity in the hospital and supports your work. 3. The Volunteer Services Department has overall responsibility for the placement.</b>
<b>Benefits:</b>	<b>Car parking in the hospital is arranged/provided/. Free tea and coffee while on duty is available at the Oasis Coffee Shop in the Atrium. Meals in the main hospital dining room can be availed of at staff rates. A volunteer badge will be provided and this must be worn while on duty. An annual Thank You dinner is provided for all that have volunteered with us during the year.</b>



**Tallaght Hospital  
Volunteer Registration Form**

**Strictly Confidential**

**PERSONAL DETAILS**

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Nationality** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mobile No.):** \_\_\_\_\_ **Telephone (Other):** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

**What areas of volunteering are you interested in?**

Coffee Shop

Help Desk

Age Related Day Hospital

Arts

Patient Library

Other

**How did you hear about our volunteer programme?**

\_\_\_\_\_  
\_\_\_\_\_

**What skills or experience do you have that may be of relevance to us?**

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**Method of Transport** \_\_\_\_\_

**Availability : Please Tick boxes that apply**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>					
<b>Afternoon</b>					

**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:**

**Name (Block Letters)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Reference Request Form**

Please Fill In the Form

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant \_\_\_\_\_

In what Capacity and for how long have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

What is the ability of the applicant to work as part of a team?

\_\_\_\_\_

\_\_\_\_\_

What can you say about the applicant's reliability in terms of time keeping in the work place environment?

\_\_\_\_\_

\_\_\_\_\_

Please comment on the applicant's character and point out some positive attributes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is any reason why, in your opinion, the applicant would not make a suitable volunteer please explain

\_\_\_\_\_

\_\_\_\_\_

Is there any health concern that would affect the applicant's performance in their role as a volunteer working with vulnerable people in the hospital? Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sign \_\_\_\_\_

Date: \_\_\_\_\_

*Thanking you kindly for your time.*

**Reference Request Form**



**National Centre for Arts and Health**

Adelaide and Meath Hospital Dublin

incorporating the National Children's Hospital

[www.artshealthwellbeing.ie](http://www.artshealthwellbeing.ie)

Please Fill In the Form

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant \_\_\_\_\_

In what Capacity and for how long have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

What is the ability of the applicant to work as part of a team?  
\_\_\_\_\_  
\_\_\_\_\_

What can you say about the applicant's reliability in terms of time keeping in the work place environment?  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's character and point out some positive attributes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Is there any health concern that would affect the applicant's performance in their role as a volunteer working with vulnerable people in the hospital? Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign \_\_\_\_\_

Date: \_\_\_\_\_

*Thanking you kindly for your time.*