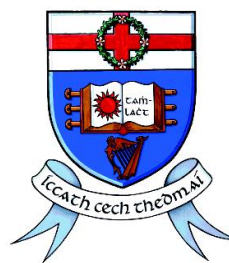


Art Volunteer Role Description

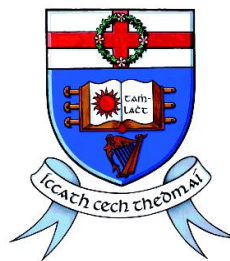


Tallaght Hospital



Title:	Arts Volunteer – NCAH (National Centre for Arts and Health)
Purpose:	To provide a quality service to patients in a cheerful, friendly manner.
Suggested Activities	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/area and build a relationship with this group/area over the course of the work placement.
Measures:	Customer and Volunteer satisfaction.
Qualifications:	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 references will be required one of whom should be your G.P. 7. Garda Clearance will also be required.
Time:	Once a week, 2 -3 hours per session Minimum of 20 weeks, 1 months notice
Site:	Tallaght Hospital, Dublin 24.
Supervision:	1. While on duty the volunteer is responsible to the Unit Manager or their Deputy. 2. The NCAH is responsible for all arts activity in the hospital and supports your work. 3. The Volunteer Services Department has overall responsibility for the placement.
Benefits:	Car parking in the hospital is arranged/provided. A volunteer badge is provided and must be worn while on duty. Free tea and coffee is available from the Oasis Coffee Shop in the Atrium (while on duty and badge must be worn). Staff Rate Meals can be availed of in The Phoenix Dining Room. Full Induction and Arts Training is provided. Developmental Workshops for volunteers are hosted biannually by the NCAH. Child Protection and Hand Hygiene courses are provided. Garda Clearance is confirmed. An annual 'Thank You' dinner is provided for all that have volunteered with us during the year.

Volunteer Recruitment Form



Tallaght Hospital



Strictly Confidential

PERSONAL DETAILS

Surname: _____ First Name: _____

Address: _____

Email: _____

Nationality: _____ Date of Birth: _____

Mobile No: _____ Telephone (Other): _____

Next of Kin: _____ Contact No: _____
(Will only be used in an emergency)

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

State your method of Transport: _____

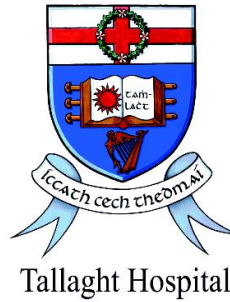
Availability: Please tick boxes that apply

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

REFERENCES

Two referees (not relatives) are required, one of whom should be your G.P.
Please see Reference Forms attached.

Volunteer Recruitment Form



Strictly Confidential
(Continued)

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**

CONFIDENTIALITY AGREEMENT

In the course of your visit you will have access to or hear information concerning the medical or personal affairs of patients and/or staff or other health services business.

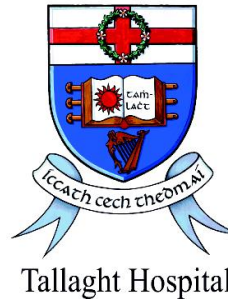
I understand that such records and information are strictly confidential and must not be discussed or divulged except where necessary for the purpose of my visit.

I have read and understand the content of this document.

Signed: _____

Date: _____

Artist Volunteer Agreement



This agreement is intended to indicate the seriousness with which we treat our volunteers. The intention of the agreement is to assure both of our deep appreciation of your service and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

Tallaght Hospital agrees to accept the services of _____ as a volunteer and commit to the following:

- 1 To provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of his/her volunteer job.
- 2 To ensure satisfactory supervisory support to the volunteer and to provide feedback on performance.
- 3 To respect the skills, dignity and individual needs of the volunteer and to do our best to adjust to these individual requirements.
- 4 To give the volunteer a clear understanding of his/her role in the Hospital.
- 5 To be receptive to any comment from the volunteer regarding ways in which we might mutually accomplish our respective tasks.
- 6 To ensure that the volunteer's views and expertise are taken into account in the planning and development of services.

I agree to serve as a volunteer and commit to the following:

- 1 To perform my volunteer duties to the best of my ability.
- 2 To adhere to the Hospital's rules and procedures, including record-keeping requirements and confidentiality of both the Hospital's staff and patients.
- 3 To meet time and duty commitments, except in exceptional circumstances, or to provide adequate notice so that alternative arrangements can be made.
- 4 To treat my fellow volunteers as equals and with respect.

Signed:

Tallaght Hospital

Volunteer

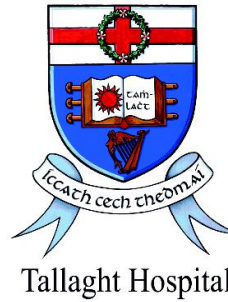
Date: _____

Date: _____

This agreement may be cancelled at any time at the discretion of either of the parties.

Reference Request Form

Please fill in all sections of the form



Your Name: _____

Address: _____

Name of Applicant: _____

How long have you known the applicant? _____

In what Capacity 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

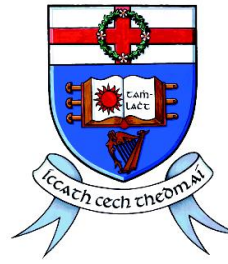
Sign: _____

The National Centre for Arts and Health,
Tallaght Hospital would like to thank you
kindly for your time.

Date: _____

Reference Request Form

Please fill in all sections of the form



Tallaght Hospital



Your Name: _____

Address: _____

Name of Applicant: _____

How long have you known the applicant? _____

In what Capacity have you known the applicant? _____

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

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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: _____

The National Centre for Arts and Health,
Tallaght Hospital would like to thank you
kindly for your time.

Date: _____