



**PATIENT ADVICE & LIAISON DEPT.**

## Volunteer Registration Form

**CONFIDENTIAL**

### PERSONAL DETAILS

**Surname:** \_\_\_\_\_

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

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

**Telephone (Home):** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

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

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

**Contact Details:** \_\_\_\_\_

### AVAILABILITY

**Availability 13:00 to 17:00:**

<b>Monday</b>	_____	<b>Tuesday</b>	_____
<b>Wednesday</b>	_____	<b>Thursday</b>	_____
<b>Friday</b>	_____	<b>Saturday</b>	_____
<b>Sunday</b>	_____		

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



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**REFERENCES**

Please supply the name, address and contact details of two referees (not relatives),

Reference: (1) \_\_\_\_\_

Reference: (2) \_\_\_\_\_

**MEDICAL**

Do you have any medical condition or illness that might affect your work as a volunteer?

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

***Please note you are offering your assistance at a time when the HSE is responding to an outbreak of respiratory disease caused by Covid 19. In accepting engagement as a Volunteer you hereby accept the risks associated with working in potential Covid 19 environments.***

***TUH will provide you with essential training, updates on guidelines and Personal Protective Equipment (PPE). This will provide you with protections that you may require whilst volunteering in the Hospital.***

***I have read and understand the above terms & conditions, please check box ✓:***