**Volunteer Request Form**

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| **Date of Request:** |  |
| Department: | Choose an item. |
| Referral request: | Choose an item. |
| Name of Resident/Patient: |  |
| Date of birth of Resident/Patient: |  |
| Resident/patient ward: | Choose an item. |
| Referring Staff Member (& role): |  |
| Tel Ext: |  |
| Email: |  |

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| Preferred day(s) Monday to Sunday:   * *please indicate am/pm by the day*   *(more options increase ability to match volunteer to requests)* |  |
| Days/times to avoid: |  |
| Length of session requested: |  |
| Venue of activity: | Choose an item. |

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| **Outline of Support Requested:**  *Please provide a brief explanation/suggestions of what would you like the volunteer to do with the resident you are referring:* |

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| **Please give brief outline of residents abilities** | **Details or attach associated guideline if appropriate**  ***Prompts below.*** |
| **Communication:**  Verbal / Non-verbal?  Communication aids required?  Communication passport attached?  First and other language? |  |
| **Physical ability:**  Independent / Dependent wheelchair user?  Upper limb function?  Hand dominance? |  |
| **Cognitive presentation:**  Please comment on concentration, attention, memory, orientation. |  |
| **Behavioural Presentation:**  Any behaviours or management strategies to be aware of?  Interaction Guideline or Behavioural Guideline attached? |  |
| **Breathing:**  Does the resident have a tracheostomy |  |

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| **Residents interests/background** | **Details – *complete as able, information helps match volunteer to resident*** |
| **Music** *(opera, rock, pop etc)* |  |
| **Sport** *(golf, tennis, football/team etc)* |  |
| **Reading** *(sci-fi, historical, murder mysteries, newspapers, magazines etc)* |  |
| **Arts/Crafts** (painting, sewing, knitting, woodwork, etc) |  |
| **Gardening** |  |
| **Animals** *(owns pets, loves/hates cats, etc)* |  |
| **Favourite TV show or radio station** |  |
| **Religion (or none)** |  |
| **Previous work history** |  |
| **Travel** |  |
| **Other** |  |

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| Date referral received: | Click or tap to enter a date. |
| Date discussed with referrer: | Click or tap to enter a date. |
| Date request sent out to volunteers | Click or tap to enter a date. |
| Date volunteer identified: | Click or tap to enter a date. |
| Volunteer name: |  |
| Volunteer placement supervisor: |  |
| Day, time & venue for sessions: |  |
| Start date: | Click or tap to enter a date. |
| Review date: | Click or tap to enter a date. |