**EMPLOYEE VOLUNTEERING APPLICATION FORM**



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| **TO BE COMPLETED BY THE EMPLOYEE** |
| Title: |  | First Name: |  |
| Last Name: |  | Personnel Number  |  |
| Work Telephone Number |  | Work Email |  |
| College/VP Area: |  | School/Unit: |  |
| **Details of the Volunteering Activity** |
| Date(s) of Volunteering Activity: |  |
| Description of Volunteering Activity: |  |
| Start and End Time: |  |
| **TO BE COMPLETED BY THE LINE MANAGER**  |
| Name: |  | Designation:  |  |
| Work Email: |  | Work Telephone Number: |  |

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| **TO BE COMPLETED BY THE HOST ORGANISATION** |
| Organisation Name: |  |
| Contact Name: |  |
| Contact Position: |  |
| Address: |  |
| Telephone: |  |
| Email address: |  |
| **Please tick the appropriate box to indicate your response:1** | **Yes** | **No** |  |
|  | Can you confirm that you have an appropriate Safety Statement and risk assessment(s) and that will these be provided to the volunteer? |  |  |  |
|  | Can you confirm that you hold valid Employer and Public Liability Insurance in respect of your legal liabilities in hosting/supervising volunteers? It must be noted that UCD extends no insurance cover to volunteers and accepts no liability whatsoever for any aspect of the volunteer’s activities.  |  |  |  |
|  | Can you confirm that you undertake volunteer induction and training? |  |  |  |
|  | Can you confirm that you provide placement volunteers with appropriate supervision? |  |  |  |
|  | Can you confirm that there are formal procedures for reporting and recording accidents and incidents? |  |  |  |
|  | Can you confirm that you have procedures to be followed in the event of serious and imminent danger to people at work in your undertaking? |  |  |  |
|  | Is suitable First Aid equipment available with access to trained First Aiders? |  |  |  |
|  | Do you undertake carry out Garda Vetting checks for volunteers? If No then please explain why: |  |  |  |

For the employee **volunteer** use only:

I can confirm that all the above information is correct to the best of my knowledge and I have read the Employee Volunteering Policy. I accept and I acknowledge that UCD is not liable for any loss or injury that I may suffer in conection with my volunteering and is not responsible for putting in place any insurance to cover my volunteering activity. Such insurance is entirely a matter for myself to consider and arrange.

Signed:……………………………………………………..………… Print Name:………………………………………………………

Date:……………………………………………………

For **Line Manager’s** use only:

I give permission for the above member(s) of staff to take part in the requested volunteering activity.

Signed: ………………………………………………… Print Name: …………………………………………… Date ………………………………

Number of days volunteering approved in 20…….. (year) is …………..…

For Host Organisation use only:

**In signing this application, you are agreeing to:**

• provide a full induction and any training necessary for the volunteer role,

* provide a named supervisor/contact for the volunteer,

• treat volunteers with respect,

• implement good Health and Safety practice and comply with all relevant statutory provisions around same

 The Host Organisation also understands and accepts that UCD accepts no liability whatsoever in connection with or arising out of the volunteer’s engagement with them and that they, the Host Organisation, are fully responsible for the safety, welfare, direction, control and/or supervision of the volunteer. The Host Organisation shall be solely responsible for the consequences of acts and/or omissions undertaken pursuant to such direction, control and/or supervision.

Signed on behalf of the volunteer host organisation:

Signed :…………………………………………………..………. Print Name :………………………………………………………………

Position: …………………………………………………………Date:……………….……………………………

**Completed forms should be emailed to hrhelpdesk@ucd.ie**