



Sherburn House Charity Volunteer Role Description

Role	Volunteer - Resident Support
Location	Beddell House Residential Home, Sherburn House Charity, Durham, DH1 2SE
Reporting to	Volunteer Coordinator

Main purpose

To support staff in providing engagement and activities for residents.

Background

Beddell House is a residential home which is part of Sherburn House Charity. We cater for the needs of approximately 60 elderly residents. We are committed to helping our residents continue to lead positive and rewarding lives and to maintain independence for as long as possible. We attend to residents with a wide range of conditions including physical disabilities and dementia.

A key part of this volunteer role will be to provide reassurance and company to residents within the home. Help at mealtimes and for activities is also crucial to ensure residents are happy and engaged – and it's an area where residents and carers often say they would like more support. We also like our volunteers to be available to help in carrying out activities on a day to day basis.

As the residential home is a busy environment, it is essential that volunteers are able to take a proactive approach to the role, whilst always being guided by the Activities Coordinator and wishes of the individual patient.

Experience of caring for friends or relatives with dementia would be particularly useful in this role, although it is not essential.

Types of Duties

- Helping residents with poor eyesight to read newspapers or books
- Help to carry out activities such as arts and crafts
- Provide escort duties on visits and trips out with the residents
- Supporting to serve meals and drinks to residents
- Working with the domestic staff to clear the dining room after meals
- Chatting to and engaging residents during the day and supporting with any small requirements such as serving cups of tea

Additional Requirements

- Subject to satisfactory DBS check
- Subject to two satisfactory references



Sherburn House Charity VOLUNTEER APPLICATION FORM

POST DETAILS

Volunteer Role:

Where did you see the vacancy advertised?

PERSONAL DETAILS

First Name(s):

Surname

Address:

National Insurance Number:

Postcode:

Are you in Good Health: Yes/No

Do you have a current driving licence: Yes/No

Do you consider yourself to have a disability? Yes/No Describe any reasonable adjustment you may need:

CONTACT DETAILS

Home Tel:

Work Tel:

Mobile:

Email:

Next of Kin

Please give us details of someone we could contact in an emergency

Name:

Relationship to you:

Tel:

Address:

REFERENCES

Give the names, address and telephone numbers of two character referees. These may be from someone who knows you well such as a previous employer, teacher, or volunteer manager from other voluntary organisation

1	Name	2	Name
	Position		Position
	Relationship		Relationship
	Address		Address
	Post Code		Post Code
	Tele No		Tele No

Please complete application form and return to
Christ's Hospital in Sherburn, Sherburn Hospital, Ramsey House, Durham. DH1 2SE
Tel No: 0191 372 2551 Email: admin@sherburnhouse.org

RELEVANT EXPERIENCE

Please give details of any special skills or previous experience you have had from other voluntary work or paid employment

ADDITIONAL INFORMATION

Please tell us why you would like to volunteer with Sherburn House Charity, considering details of any relevant skills you may have and what contribution you think you could make to the organisation. Continue on a separate sheet if necessary

AVAILABILITY

Please tell us how many hours per week you could commit to volunteering and any times or days you would be available to volunteer

CRIMINAL RECORDS & REHABILITATION OF OFFENDERS ACT 1974

For this post you are required to give details of any previous convictions, even if they are normally considered 'spent' under the above Act. Any offer of placement is subject to a criminal records check via the Criminal Records Bureau before we confirm appointment.

RELATIONSHIP TO GOVERNORS AND EMPLOYEES OF SHERBURN HOSPITAL

Are you related (either directly or by marriage) to any Governor, Employee or Resident of Sherburn Hospital? (Yes/No). If you answered Yes to the above, please state the names of all such persons and your relationship to those persons _____

DECLARATIONS

I declare that the information given above is correct to the best of my knowledge. If I become a volunteer I give my consent under the Data Protection Act 1998 for the Charity to retain and to make reasonable use of the personal information I have provided in this form.

SIGNED _____ DATE _____