

**VOLUNTEER ROLE DESCRIPTION**

To be completed by the Service Manager/Team leader/Head of Department

Please fill in the details about the role identified for a volunteer:

Service Area:

Client Group:

Title of Role:

Location:

Brief description of the role including main tasks and activities:

Skills, attributes required of volunteer including any physical requirements e.g. use of stairs

How often will the volunteer role be required?

Availability	Morning	Afternoon	Evening	Other please specify
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

How many volunteers required? (Please state)

If the role is over several days should it be the same person Y/N

Likely duration of project

On-going	Time Limited	Other please specify

Anticipated commencement date:

Name of supervisor:

Proposed by: Service Manager/Team Leader

Name:

Signature:

Date:

Approved by Service Associate Director

Name:

Signature:

Date: