



Volunteer Application Form

If handwriting, please complete this form in BLOCK capitals.

Title:	Gender:
Surname:	Forenames:
Address:	Home telephone No: Mobile No:
Post Code:	Email Address:
Date of birth: This is required for Department of Health reporting purposes.	
Emergency Contact Name / Relationship:	Emergency Contact telephone number:

<u>Areas of Interest:</u>			
Administration/Office Support.....			<input type="checkbox"/>
Critical Care Relatives Waiting Area.....			<input type="checkbox"/>
Discharge Lounge.....			<input type="checkbox"/>
Pharmacy Support.....			<input type="checkbox"/>
Charity Ambassador.....			<input type="checkbox"/>
Charity Support – Main Reception Area.....			<input type="checkbox"/>
Greeting / Wayfinding.....			<input type="checkbox"/>
Clinic Support.....			<input type="checkbox"/>
Ward / Housekeeping Support.....			<input type="checkbox"/>
Ward Visitor.....			<input type="checkbox"/>
Dementia Friend.....			<input type="checkbox"/>
Patient and Carer Representative for Hospital Groups/Committees/ Reading Panel.....			<input type="checkbox"/>
Availability: Please indicate when you are able to volunteer.		Morning	Afternoon
Mornings: 9am-12.30pm	Monday	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons: 12.30pm- 4.00pm	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
These times are flexible and set with the agreement of local team managers	Thursday	<input type="checkbox"/>	<input type="checkbox"/>
	Friday	<input type="checkbox"/>	<input type="checkbox"/>

Number of hours per week you are able to volunteer.	
Are you available to give extra help when or if required?	Yes / No
Are you in good health? (Please give details of any disabilities or serious physical or mental illness you have suffered in the past five years)	Yes / No
Do you have a clean driving licence? Yes / No	Do you have access to a car – Yes / No Car registration number:

Why do you want to become a volunteer? (Please tick relevant box(es))			
To gain experience	<input type="checkbox"/>	To build on previous knowledge	<input type="checkbox"/>
To use my life skills	<input type="checkbox"/>	To share own experiences and knowledge to support others	<input type="checkbox"/>

Provide any further information that you feel is relevant below (continue on separate sheet if necessary):

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Please give the name and address of two referees who have known you for at least 2 years. This could be your neighbour, employer, religious leader, college tutor etc. We prefer to email referees if possible to speed up your recruitment.

Name: Name:

Address: Address:

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Post Code: Post Code:

Email: Email:

Tel No: Tel No:

Signed Date

Please note all volunteer posts are subject to satisfactory references and DBS checks. Volunteers must be committed to this role, maintaining contact and undertaking any necessary training.