

Volunteer Application Form

If you require assistance in completing this form or require a different format please contact
Fiona Tomlinson on 01423 55 5736

Section 1 – Your Details

Name	
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Address	
Postcode	

Tel no:		Mob No:
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Email:	
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Date of Birth	
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Do you have any previous experience of volunteering? Please give details.

Do you have a driving license	YES/NO
Do you have access to a car?	YES/NO

Next Of Kin:

In case of an emergency please give details of whom we may contact:

Name: _____ **Relationship:** _____

Address:**Telephone:**

Section 2 – Volunteer Positions

Please indicate which volunteer positions you are interested in by checking putting a X in the appropriate box(es).

Meal Time Volunteering	<input type="checkbox"/>	Meet & Greet	<input type="checkbox"/>
Hand Hygiene	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Admin	<input type="checkbox"/>	Clinics	<input type="checkbox"/>

Other, i.e. Visitor support, Patient Experience Team, Discharge liaison, Chaplaincy etc.

Please give details

Section 3 – Availability

Please indicate in the boxes when you are available to volunteer you may wish to indicate specific times. We ask for a minimum of a six month commitment on a weekly basis.

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Section 4 – Your interest in volunteering

Please give your reasons for applying to be volunteer, please put an X against the statement(s) which apply to you:

- To give something back after you or your family have benefitted from NHS services ☐
- To support a particular case eg. Stroke unit, cancer unit etc. ☐
- To explore a career in healthcare ☐
- To gain some work experience ☐
- To fill in spare time ☐
- To meet new people and make new friends ☐

- To develop or maintain your skills and experience
- To help develop specific services
- For spiritual fulfilment
- To maintain or improve your health and wellbeing

☐
☐
☐
☐

Other (please state)

Section 5 – Further Important Information

Please complete all sections where appropriate to do so

Disability information

Do you consider yourself to be disabled? Please put an X in the appropriate box

Yes ☐ No ☐

If yes, what support or adjustments do you think you will need to take up a volunteering post within this Trust?

Personal Health Information

Is there anything relating to your health or personal circumstances which you would like us to take into account-? If so, please give details here

Nationality and immigration status

Are you a United Kingdom (UK) or European Community (EC) or European Area (EES) National. Please put an X in the appropriate box

Yes ☐ No ☐

Non-EU nationals

Not all visas allow you to volunteer. Please supply details of any visa currently held, including number, start/expiry date and details of any restrictions. Please confirm that the visa allows volunteering (if in any doubt you should check with the UK Border Agency)

References

Please supply details of two referees. These can be your current employer, teacher, tutor or a community leader, GP, youth worker or support worker, you may not use family members or friends as referees.

Referee one

Name	
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Address	
Postcode	

Tel no:	
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Email:	
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mobile no:	
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Relationship to referee

How long have you know this person?
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Referee Two

Name	
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Address	
Postcode	

Tel no:	
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Email:	
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mobile no:	
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Relationship to referee

How long have you know this person?
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Rehabilitation of Offenders Act

Because of the nature of voluntary help given in healthcare, exemption under the Rehabilitation of Offenders Act 1974 applies:

Have you ever been convicted of an offence? Please put an X in the appropriate box

Yes ☐ No ☐

If yes please provide details of the conviction – these will be treated in the strictest of confidence.

All volunteers will be required to complete a Disclosure Application for the Criminal Records Bureau.

You may also be required to complete the Trusts Health questionnaire which may or may not result in you being asked to see the occupational health doctor as well as complying with all the NHS Employment Check standards.

Signature _____

Date _____

Please return this form by email to: fiona.tomlinson@hdfn.nhs.uk Indicating in the subject field which volunteer post you are interested in.