

Friends of York Hospitals Volunteer Application Form



Tell us who you are and how to get in touch with you

Full name	Date of birth (Optional) / /
Address (Including Postcode)	
Telephone (Including STD Code)	Mobile
Email	NI number

Use this section to tell us about your skills and interests

Your availability (Please tick as appropriate)

Mon AM PM	Tue AM PM	Wed AM PM	Thu AM PM	Fri AM PM	Sat AM PM	Sun AM PM	Totally flexible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about any volunteering experience or any previous/current employment you have

Are you applying for a specific vacancy or do you have specialist skills, interests or hobbies that you would like to use when volunteering for the Friends?

Which of the following activities would interest you as a volunteer?

<input type="checkbox"/> Fundraising	<input type="checkbox"/> Guides	<input type="checkbox"/> Library Trolley	<input type="checkbox"/> Refreshments at Clinics/Wards	<input type="checkbox"/> Newspaper Service	<input type="checkbox"/> Reading to Patients
--------------------------------------	---------------------------------	--	--	--	--

Please explain why you want to volunteer with the Friends and what you feel you can contribute to the life of the hospital

How did you hear about the Friends of York Hospitals?

Are there any particular skills you would like to develop by volunteering with the Friends?

Equal Opportunities

- A) The Friends of York Hospitals welcomes volunteer applicants with all range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back).

Please give details

If you have a disability do you require any reasonable adjustments to be made during the recruitment process and/or your voluntary placement?

Please give details

- B) Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions? Yes No

If you have ticked yes, summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

Please give details

- C) What age group do you fall into? For insurance purposes you must be at least 16 years of age to volunteer in one of our shops:

16-17 YRS 18-25 YRS 26-45 YRS 46-60 YRS 61-75 YRS 76+

Who can we contact as referees?

This can be your previous manager, a support/care worker, landlord, tutor or another Friends volunteer.

1) Full name	2) Full name
Address (Including Postcode)	Address (Including Postcode)
Telephone (Including STD Code)	Telephone (Including STD Code)
Email	Email
How do you know this person?	How do you know this person?

Who can we contact in case of an emergency?

Full name	Telephone (Including STD Code)
Mobile	Relationship to individual

Information about visas

If you are from the European Union, you are free to volunteer in the UK. For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency to find out. The Friends of York Hospitals are not able to sponsor volunteer visas.

Your details

Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially. They will be accessed by authorised management. I declare the information I have provided is true.

I confirm that I will not attempt to gain access to any information that I am not authorised to see, and that I will use confidential information only as necessary in the course of my work. I will not disclose, either during or after the termination of my placement, any information of a confidential nature relating to the Friends of York Hospitals or any third party which may have been obtained in the course of my volunteering, without first obtaining the written permission of the Friends of York Hospitals or the party concerned. Any breach of confidentiality may be regarded as gross misconduct and may be subject to disciplinary action.

Signed	Date	/	/
FOR OFFICE USE ONLY	Volunteer's start date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	References collected <input type="checkbox"/>
Additional notes	Date H&S training complete	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	If applicable, has Visa been checked? <input type="checkbox"/>
	Date ID badge issued	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	Tabard issued <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date ID badge returned	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	CRB <input type="checkbox"/> Positive <input type="checkbox"/> Negative