

**Volunteer Application Form**

If you would like assistance completing this form please contact us at voluntary.services@stgeorges.nhs.uk

|  |  |
| --- | --- |
| **A** | **About you** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | Surname: | | | First Name: | |
| Home Address: | | | | | |
| Town/City: | | | | Postcode: | |
| Daytime Tel: | | Mobile: | | | |
| Email: | | | Date of Birth: | | Sex: |

|  |  |
| --- | --- |
| **B** | **Volunteer roles you are applying for** |

|  |  |
| --- | --- |
| 1st Choice |  |
| 2nd Choice |  |
| 3rd Choice |  |

|  |  |
| --- | --- |
| **C** | **Availability** |

Please tick when you would be available to volunteer:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Are you able to give a commitment of at least 6 months? Yes No | | | | | | | |

|  |  |
| --- | --- |
| **D** | **Motivation** |

Please tell us why you want to volunteer at St George’s Hospital and what you hope to gain from volunteering with us.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **E** | **Experience** |

Please tell us about your work and/or volunteering background, including examples of these important qualities:

* Excellent customer service
* Reliability
* Caring and compassion
* Team work

|  |  |
| --- | --- |
|  | |
| **F** | **Other information** |

|  |
| --- |
| Do you consider yourself to have a disability? Yes No |
| If yes, what support or adjustments do you think you will need to attend interview or take up a volunteering post with us? |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ethnicity – Please tick one option | | | | | | | | | | | |
| **White:** | British |  | **Mixed white:** | Black Caribbean |  | **Asian British:** | Indian |  | **Black British:** | Caribbean |  |
|  | Irish |  |  | Black African |  |  | Pakistani |  |  | African |  |
| Other |  | Asian |  | Bangladeshi |  | Other |  |
|  | | | | Other |  | Other |  | **Other:** | Chinese |  |
|  | | | | | | **Other ethnicity: (please state)** | | | | | |

|  |  |
| --- | --- |
| Emergency contact – Please give details of someone we can contact in case of an emergency | |
| First name | Surname |
| Address | Relationship to you |
| Home telephone | Mobile telephone |

|  |  |
| --- | --- |
| **G** | **References** |

Please supply details of two references. If you are currently, or have recently been in employment or involved in any voluntary work, one of your references should be from that organisation. Other references must be from people who are over 18 and who have known you for at least one year.

Relatives or partners cannot act as referees.

|  |  |
| --- | --- |
| Referee one | Referee two |
| Name | Name |
| Address | Address |
| Telephone number | Telephone number |
| Email | Email |

|  |  |
| --- | --- |
| **H** | **Declaration** |

|  |  |
| --- | --- |
| **REHABILITATION OF OFFENDERS ACT 1974**  Due to the nature of healthcare work, volunteers are exempt from the provisions of the Rehabilitation of Offenders Act. Therefore, you must not withhold any information about convictions (including those which for other purposes are considered “spent” under the Act), previous or pending prosecutions, cautions or bind overs applicable either in the UK or abroad.  Any information provided will not necessarily prevent you being appointed unless the particular conviction, previous or pending prosecution, caution or bind over means you are unsuitable for the role.  Failure to declare a conviction, previous or pending prosecution, caution or bind over, either in this county or abroad will disqualify you from the application process. All successful applicants will be checked by the Disclosure and Baring Service (DBS) before they are able to take up their post.  Please note that you will be asked to provide details, including approximate date, the offence and the authority and country which dealt with the offence, if you are shortlisted for a role. | |
| Are you currently bound over or have you ever been convicted of a criminal offence, cautioned, warned or reprimanded in the UK or in any other country? | Yes No |
| Are you aware of any current police investigation in the UK or any other country following allegations made against you? If yes, please use separate sheet for details. | Yes No |
| Does your name appear on the Protection of Children Act List? | Yes No |
| Are you legally entitled to work in the UK? | Yes No |

|  |  |
| --- | --- |
| We will keep the information on this form confidential and will not share it with any external organisation. You can ask for your details to be changed or removed at any time.  I declare that the information given on this form is true and complete. By signing this form, you are consenting to us holding your information on the volunteer database.    I understand that to be considered for a role as a volunteer I will be asked to produce evidence of identification, address, and status in the UK when applicable.    I declare that the information given on this form is true and complete. I understand that any false information may result in the withdrawal of any offer of voluntary role or my dismissal if accepted as a volunteer. | |
| Your Signature: | Date: |

Please send completed form to:

Zoe Holmes

Via email: [Voluntary.Services@stgeorges.nhs.uk](mailto:Voluntary.Services@stgeorges.nhs.uk)

Or Post:

Voluntary Services Manager

St George’s Hospital

Blackshaw Road

Tooting

London SW17 0QT