



**Confidential**

## Application and Registration to become a Volunteer

### Your Details

<b>Mr/Miss/Mrs/Ms</b>	
<b>First Name</b>	
<b>Surname</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Home Telephone No</b>	
<b>Mobile Telephone No</b>	
<b>Email</b>	
<b>Date of Birth</b>	

**Please tell us about your work and volunteering background?**

**What qualification, training or experience do you have that you feel is relevant to volunteering at RJAH.**

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**Please tell us why you want to applying to be a volunteer at RJAH.**

To give something back after you or your family have benefited from our services.	<input type="radio"/> Yes <input type="radio"/> No
To explore a career in healthcare	<input type="radio"/> Yes <input type="radio"/> No
To fill spare time	<input type="radio"/> Yes <input type="radio"/> No
To gain some work experience	<input type="radio"/> Yes <input type="radio"/> No
To meet new people and make new friends	<input type="radio"/> Yes <input type="radio"/> No
To develop or maintain skills and experience	<input type="radio"/> Yes <input type="radio"/> No
Other, please state below	

**Please tell us which roles you are interested in**

League of Friends Shop	<input type="radio"/> Yes <input type="radio"/> No
League of Friends Coffee Shop	<input type="radio"/> Yes <input type="radio"/> No
League of Friends Shop Trolley	<input type="radio"/> Yes <input type="radio"/> No
Help Desk/ Ambassadors	<input type="radio"/> Yes <input type="radio"/> No
Patient Library	<input type="radio"/> Yes <input type="radio"/> No
Flower Arranging	<input type="radio"/> Yes <input type="radio"/> No
Reading and visiting	<input type="radio"/> Yes <input type="radio"/> No
Meal Assisting	<input type="radio"/> Yes <input type="radio"/> No
Out-Patients	<input type="radio"/> Yes <input type="radio"/> No
Chaplaincy Support	<input type="radio"/> Yes <input type="radio"/> No
Fund raising	<input type="radio"/> Yes <input type="radio"/> No
Disabled Swimming Club	<input type="radio"/> Yes <input type="radio"/> No

## Availability

**Please tick the days and times that you are available to volunteer. This is to provide an indication, don't worry if you are not available at these times every week.**

Availability	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Are you able to give a commitment of at least 12 months  yes  no

If answer to above is no please provide details of limits to your availability (eg if only able to volunteer in term time, educational holiday time etc)

## References

Please supply details of two referees that we may approach. You may not use family members as referees.

	Referee 1	Referee 2
<b>Full Name:</b>		
<b>Address:</b>		
<b>Telephone Number:</b>		
<b>Email Address:</b>		
<b>Relationship to applicant:</b>		
<b>How long have you known this person?</b>		

## Important Information

Only complete the next section if you have expressed an interest in volunteering for any of the following roles.

- Shop Trolley Volunteer
- Library Trolley Volunteer
- Patient Reading/Meal assisting/Visiting Volunteer
- Out-Patient Volunteer
- Disabled Swimming Club

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?	<input type="radio"/> Yes <input type="radio"/> No
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If yes, details of the conviction will be required and will be treated in the strictest confidence. Please supply details.

## Declaration

I confirm that the information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation will be grounds for rejecting this application or termination of any volunteer role. I understand that my volunteer application may require a Disclosure and Barring Service (DBS) application and completion of an Occupational Health questionnaire.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this form to:**

[human.resources@rjah.nhs.uk](mailto:human.resources@rjah.nhs.uk)

or

**The Human Resources Department  
Robert Jones & Agnes Hunt Orthopaedic Hospital  
NHS Trust  
Oswestry, Shropshire, SY10 7AG**