

VOLUNTEER APPLICATION FORM

FOR OFFICE USE ONLY		
Action	Date/Info	Initials
Refs. requested		
Ref. 1 received		
Ref. 2 received		
Informal interview		
Proof of ID		
Induction training received		
DBS requested		
DBS clearance received		
LHCH medical questionnaire received		
HW&W medical questionnaire received		
OH medical clearance received		
Local induction received		
Resignation given		
Name badge returned		

PERSONAL INFORMATION:

Title **Mr/Mrs/Miss/Ms/Other** (Please circle)

First Name

Surname

Address

.....

Postcode

Home Tel No

Date of Birth

Work Tel No

Next of Kin

Mobile Tel No

Next of Kin relationship

E-mail

Next of Kin Tel No

Preferred style of contact – Telephone/E-mail (Please circle)

ARE YOU CURRENTLY EMPLOYED? YES NO

If **Yes** please state your occupation

If **No** please state how long you have been unemployed

WHERE DID YOU HEAR ABOUT VOLUNTEER OPPORTUNITIES AT LHCH?

LHCH Website NHS Jobs Gumtree

Volunteer Centre Liverpool Other (Please state)

WHY HAVE YOU CHOSEN TO VOLUNTEER AT LHCH?

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.....

ARE YOU VOLUNTEERING IN ORDER TO GAIN THE 100 HOURS EXPERIENCE REQUIRED FOR A COLLEGE COURSE OR UNIVERSITY APPLICATION?

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DO YOU HAVE ANY PREVIOUS EXPERIENCE WITH ANY OTHER VOLUNTARY ORGANISATION?

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HAVE YOU ANY HOBBIES, SPECIAL SKILLS, OR QUALIFICATIONS THAT YOU FEEL MAY BE BENEFICIAL TO YOUR ROLE?

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AVAILABILITY:

Please indicate when you are free to volunteer: (shifts are 4 hourly e.g. 9-1pm, 1-5pm, 5-9pm, but we can be flexible to suit your availability)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning 9-1pm							
Afternoon 1-5pm							
Evening 5-9pm							

*** Please note that we can be flexible around shift times*

WHAT TYPE OF VOLUNTEER ROLE INTERESTS YOU? (Please indicate)

All roles are subject to availability

Meet and Greet – Escort/accompany patients to wards and clinics

Ward volunteer – Chat to/assist patients, run errands, assist staff

Mealtime assistant – Help prepare patients prior to mealtimes and provide support (this does not include feeding)

Mobile book service volunteer – Provide books to patients via a trolley taken to the wards

Robert Owen Tea Bar Assistant – Help serve refreshments to visitors

Critical Care Reception – Reception duties/liaison with visitors

Outpatient Clinic Assistant – Escort visitors/assist staff

REFERENCES:

Please provide the full name and full address, including postcodes, of two people who have known you **for a minimum of two years and who are WILLING TO SUPPLY A CHARACTER REFERENCE (not family members)**. This may be a friend, employer, teacher or neighbour. Also provide e-mail addresses, if possible, as this may speed up the process.

Name:
Address:
Postcode:

Name:
Address:
Postcode:

E-mail

E-mail

DISABILITY:

Do you consider yourself to have a disability or long-term health condition for which we may need to make adjustments?

Yes No

Please outline the disability or condition and advise us on how we can help and support you:

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REHABILITATION OF OFFENDERS ACT:

Please give details of any prosecutions pending, bindovers or criminal convictions you may have had for which you have not yet been rehabilitated. Volunteering can involve direct contact with people who are receiving a health service, please include spent convictions. Any such information will be treated entirely confidentially and will be considered only in relation to applications for positions covered by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975). Any failure to disclose such conviction may result in disciplinary action or summary dismissal

Have you had a conviction or any prosecution pending? Yes No

If yes, enter details (i.e. date, type of offence/sentence/fine imposed.)

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Signature **Date**