

No:.....

VOLUNTARY WORK APPLICATION FORM

SURNAME: (Miss/Mrs/Ms/Mr/Dr/Rev.)

FORENAME: D.O.B:

ADDRESS:

TEL. NO: EMAIL ADDRESS:

ARE YOU A UK/EU NATIONAL? YES / NO

IF NOT, ARE YOU IN POSSESSION OF A CURRENT WORK PERMIT? YES / NO

PRESENT / PREVIOUS OCCUPATIONS:

HAVE YOU UNDERTAKEN VOLUNTARY WORK BEFORE? YES / NO

IF YES PLEASE STATE WHERE:

DO YOU HAVE ANY SPECIAL SKILLS OR INTERESTS? (Please continue on a separate sheet if required)

TYPE OF VOLUNTARY WORK YOU WOULD PREFER:

- | | | | |
|----------------------------------|--------------------------|-----------------------------|--------------------------|
| Helping on Ward | <input type="checkbox"/> | Chaplaincy Team | <input type="checkbox"/> |
| Assisting Patients at meal times | <input type="checkbox"/> | Hospital Broadcasting | <input type="checkbox"/> |
| Welcomer | <input type="checkbox"/> | Supporting Outpatients Dept | <input type="checkbox"/> |
| Helping with clerical tasks | <input type="checkbox"/> | League of Friends Shop | <input type="checkbox"/> |

EMERGENCY CONTACT:

REFERENCES:

Please give the names and addresses of two referees who may be contacted. These should be people who have known you for more than two years. Close relatives and those under 18 years of age are not acceptable. Friends, neighbours, work colleagues, church members and previous employers would all be acceptable.

NAME: NAME:

ADDRESS: ADDRESS: