**VOLUNTEER APPLICATION FORM**

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| **About Me** | | | |
| Title (Mr/Mrs/Miss/Ms/Other): |  | | |
| Forename(s): |  | |  |
| Surname: |  | | |
| Address (including postcode): |  | | |
| E-mail Address: |  | | |
| Home Telephone No: |  | | Mobile: |
| Date of Birth: |  | | |
| Emergency Contact Name and Number: |  | | |
| Relationship to you: |  | | |
| How did you hear about volunteering at Benenden Hospital? | | | |
| **HISTORY, SKILLS AND HOBBIES**:  Please give brief details of employment and volunteer history | | | |
| I can confirm I am over 18 years old | | Yes / No | |
| I have a full driving licence | | Yes / No | |
| Are you in good health? If ‘No’ please give brief Details on your Health and Wellbeing | | Yes / No | |
| Are you registered disabled? | | Yes / No | |
| Do you require a work permit | | Yes / No | |
| Do you have any restrictions on your right to work within the UK? | | Yes / No | |

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| **Types of volunteering roles available** What are you interested in? Please be advised that clinical work is not available through our volunteering programme. |
| Reception Services Clinical Support  Meet and Greet Grounds and Estates  Porters Health Records/ Clinical Admin  Catering Administration – Finance, Marketing etc. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Your Availability: | | | | | | | |
| **Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Mornings |  |  |  |  |  |  | X |
| Afternoons |  |  |  |  |  |  | X |

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| **My reasons for getting involved.** Please tell us what you would like to gain from volunteering with us: |
| Boost confidence Give back/ feel helpful.  Work experience Share skills.  Improve career prospects Meet new people.  New challenges Fill spare time. |

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| **DECLARATION** | |
| Please be advised that all eligible volunteers will be subject to a Disclosure and Barring Service (DBS) check and references. The cost of the DBS check will be borne by the Hospital.  You are therefore required to declare whether you have any criminal convictions, spent or unspent. Your declaration will be treated in the strictest confidence.  Have you at any time received or had a caution or a pending court conviction? **YES / NO**  Have you at any time been withdrawn from a volunteering opportunity? **YES / NO**  If you have answered ‘yes’ to the above, please provide further details: | |
| **Signed:** |  |
| **Date:** |  |

All information contained in this form and any attachments will be treated in the strictest confidence and will be retained under the Data Protection Act 1988.

**FOR APPLICATIONS TO VOLUNTEER AT BENENDEN HOSPITAL**

**PLEASE RETURN THIS FORM TO:**

Claire Coupe

Benenden Hospital

Goddard’s Green Road

Benenden

Cranbrook

Kent TN17 4AX

**OR BY E-MAIL TO:** [**claire.coupe@benenden.org.uk**](mailto:claire.coupe@benenden.org.uk)