

Friends of York Hospitals Volunteer Application Form



Personal details

Full name	Date of birth	/	/
Address (Including Postcode)			
Telephone	Mobile		
Email	NI number		

Your Availability (Please tick as appropriate)

Mon AM PM	Tue AM PM	Wed AM PM	Thu AM PM	Fri AM PM	Sat AM PM	Sun AM PM	Totally flexible
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Please explain why you want to volunteer with the Friends and what you can contribute to the life of the hospital

Which of the following activities would interest you as a volunteer?

<input type="checkbox"/> Guiding new arrivals	<input type="checkbox"/> Delivering newspapers	<input type="checkbox"/> Serving refreshments on a ward
<input type="checkbox"/> Serving refreshments in an outpatients' clinic	<input type="checkbox"/> Serving refreshments at White Cross Court or St Helen's	<input type="checkbox"/> One-to-one support to stroke patients
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Admin support to staff	<input type="checkbox"/> Arts, crafts and play with children

Tell us about any volunteering experience you have. Also about any paid work, previous or current, that may be relevant

Are there any particular skills you would like to use or develop through volunteering with the Friends?

Equal Opportunities

The NHS and the Friends of York Hospitals aim to promote equality of opportunity and are committed to treating all applicants fairly and on merit regardless of race, gender, marital status religion, disability, sexual orientation and age. Working with the hospital's Occupational Health department we aim to create a positive environment that enables all volunteers to realise their potential to the fullest extent possible.

Minimum Age

You must be at least 16 years of age to volunteer in the NHS.

Previous Convictions

All applicants to volunteer in clinical areas or in contact with vulnerable patients are required to either complete a Disclosure and Barring Service (criminal record) check form, or produce a transferable DBS certificate. Alternatively, if you have lived in the UK for less than half of the last 5 years, you will need to provide a Certificate of Good Conduct from your country of previous residence.

Please note further that positions where there is access to patients are exempt from the Rehabilitation of Offenders Act 1974. Applicants to volunteer in hospital must disclose information about previous convictions, warnings and reprimands which for other purposes are regarded as 'spent' under the 1974 Act.

Have you at any time received or had pending a criminal conviction, caution, warning, reprimand or bind-over?

Yes

No

If Yes please give details

The NHS and the Friends of York Hospitals undertake not to discriminate against applicants on the basis of a criminal conviction or other information declared

Who can we contact for a Reference?

Your referees need to be people who know you and are willing to vouch for you. For example: a teacher, a manager, a support or care worker, a neighbour a landlord, a family friend or a FOYH volunteer. But not close family please.

1) Full name	2) Full name
Address (Including Postcode)	Address (Including Postcode)
Telephone	Telephone
Email	Email
How do you know this person?	How do you know this person?

Who can we contact in case of an emergency?

Full name	Telephone
Mobile	Relationship to you

Visa information for overseas applicants

If you are from the European Union, you are free to volunteer in the UK. If you are from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact UK Visas and Immigration to find out. We will need to take a copy of any visa or work permit held. Please note that the Friends of York Hospitals are not able to sponsor volunteer visas.

Your details

Your details will be kept in accordance with the Data Protection Act 1998/2003 and the General Data Protection Regulations 2018. They will be held securely and confidentially. They will only be accessed by authorised management.

I confirm that I will not attempt to gain access to any information that I am not authorised to see, and that I will use confidential information only as necessary in the course of my work. I will not disclose, either during volunteering or afterwards, any information of a confidential nature relating to the Friends of York Hospitals or any third party which may have been obtained in the course of my duties, without first obtaining the written permission of the Friends of York Hospitals or the party concerned. I understand that any breach of confidentiality will be subject to internal review and may result in my being required to stop volunteering.

I understand that providing false or misleading information is likely to result in my application being rejected, or, if this is later found to be the case, that I will be required to stop volunteering. I declare that the information I have provided is true.

Signed	Date
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FOR OFFICE USE ONLY	Start date	/ /	End date	/ /
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Notes